

## VA Appoints New Chief of Research



Joel Kupersmith, MD, has been appointed VA's new Chief Research and Development Officer (CRADO) effective May 31, 2005. Dr. Kupersmith will oversee the Office of Research and Development's (ORD) four research and development services: biomedical laboratory, clinical science, rehabilitation, and health services. He also will set VA research priorities and manage all aspects of the national research program with a budget of over \$400 million, supporting the veteran-focused research of more than 3,000 investigators at over 115 VA facilities across the country.

A Navy veteran, Dr. Kupersmith is a graduate of New York Medical College, where he completed his clinical training in internal medicine. Subsequently, he completed cardiology training at Beth Israel Medical Center/Harvard Medical School. Most recently, Dr. Kupersmith was Dean of the School of Medicine and Graduate School of Biomedical Sciences, Vice President for Clinical Affairs at Texas Tech University, and CEO of the Faculty Practice.

Dr. Kupersmith is a Scholar-in-Residence at both the Institute of Medicine and the Association of American Medical Colleges. In these roles he has completed projects and published papers on a number of health and research policy topics including how to fund, oversee, and promote effectiveness research; how Academic Medical Centers should be accountable; quality of care in teaching hospitals; regional IRBs; medical manpower; and other issues.

In addition to 150 publications, he has authored two books on electrophysiology and the management of heart disease, respectively. His research interests include the causes and treatment of heart rhythm abnormalities, as well as the cost-effectiveness of heart disease treatments and outcomes following heart attacks. Most recently his work has focused on health policy issues.

Dr. Kupersmith brings a breadth of talent, expertise, and enthusiasm to his new position as CRADO. On behalf of HSR&D, we welcome him and look forward to working together toward the continuous improvement of our research organization.

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## New Chief

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All of us in HSR&D also extend our sincere thanks to Stephan Fihn, MD, MPH, who has provided wonderful leadership as Acting Chief Research and Development Officer over the past 11 months. On June 1<sup>st</sup>, Dr. Fihn was presented with the VHA Exemplary Service Award by Under Secretary for Health Jonathan Perlin, MD, PhD, in recognition of his achievements and contribution to VA research and veterans health care during his tenure as Acting CRADO. Dr. Fihn has returned to Seattle, where he will continue to serve as Director of HSR&D's Northwest Center for Outcomes Research in Older Adults, and Research Coordinator for the Ischemic Heart Disease QUERI (Quality Enhancement Research Initiative) group.

*Shirley Meehan, PhD, MBA  
Acting Director, HSR&D*

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## Cyber Seminar Anyone?

HSR&D's new cyber seminar program is making a big splash with investigators. HSR&D Resource Centers – Health Economics Resource Center (HERC), Measurement Excellence and Training Resource Information Center (METRIC), VA Information Resource Center (VIREC), and the Center for Information Dissemination and Education Resources (CIDER) have been busy developing initial seminar topics and content. Cyber seminars employ state-of-the-art web-based conferencing technology that enables dynamic interaction among presenters and seminar participants from one's desktop. This allows participants to benefit from interactive demonstrations and discussions in real time. In addition, archived versions of seminars are available on the web for viewing on demand.

HERC staff and invited experts are presenting sessions on current health economics research and methodology. Beginning in early March 2005, HERC offered a 15-week Health Economics Course covering topics such as: cost measurement, VA and non-VA cost and utilization data sources, methods of economic evaluation, modeling and measurement of health care outcomes, and patient utilities. This course continues to meet for an hour and a half on alternate Wednesdays.

VIREC staff offer one-hour seminars on topics that include an overview of the VA databases for

research; the VA pharmacy databases and research applications; VA-Medicare datasets for research; risk adjustment; and the Health Data Repository. These courses began in April, 2005 and will be held every two months.

METRIC staff are working to create archived presentations on a number of topics such as modifying existing instruments, deciding how often to measure, interpreting clinically significant differences, and the science of self-report. These will be available in early summer.

CIDER staff work with HSR&D Resource Center Directors and staff to create and produce the catalog of cyber seminars. From January through September 2005, the Resource Centers have scheduled a total of 30 live cyber seminar sessions. CIDER staff also are working with QUERI, other HSR&D researchers, and VA managers to develop new and exciting cyber seminar topics and meetings.

For more information about cyber seminars and to view the online catalog of seminars, please visit [www.hsr.d.research.va.gov/for\\_researchers/cyber\\_seminars/](http://www.hsr.d.research.va.gov/for_researchers/cyber_seminars/) or contact CIDER's Education Specialist, Laurel Long, at [laurel.long@med.va.gov](mailto:laurel.long@med.va.gov).

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## New Online Journal for Implementation Science

In recent months, implementation researchers from VA's Quality Enhancement Research Initiative (QUERI), and elsewhere, have increasingly

*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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*VA HSR&D Research Briefs* is available on the Internet at [www.hsr.d.research.va.gov](http://www.hsr.d.research.va.gov) or Intranet at [vaww.hsr.d.research.va.gov](http://vaww.hsr.d.research.va.gov)



recognized the lack of dedicated conferences and journals for the exchange of information about implementation research. A new online journal will fill this gap. The new journal will focus on implementation research – the study of methods to promote the uptake of evidence-based clinical practices and research findings into routine practice.

Tentatively titled *“Implementation Science”*, the journal will complement existing journals serving the healthcare quality improvement (QI) and implementation fields by focusing on core research problems and issues. The journal will be published as an online, open-access journal through *BioMed Central* ([www.biomedcentral.com](http://www.biomedcentral.com)), which will allow for rapid publication and dissemination, as well as full access by implementation researchers, practitioners, and policy audiences worldwide.

The journal’s planning group includes representatives from VA, the Agency for Healthcare Research and Quality, and other research institutions in the United States, United Kingdom, Canada, Norway, and the Netherlands.

To learn more about the journal and to provide input into its development, visit [www.hsrd.research.va.gov/for\\_researchers/journal-about.cfm](http://www.hsrd.research.va.gov/for_researchers/journal-about.cfm). For those interested in contributing as editors, please contact Dr. Brian Mittman at [brian.mittman@med.va.gov](mailto:brian.mittman@med.va.gov).

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## HSR&D Investigator Receives Presidential Award

Kevin Volpp, MD, PhD, received the Presidential Early Career Award for Scientists and Engineers (PECASE) on June 13, 2005. The PECASE program was established in 1996 to recognize outstanding scientists and engineers who, early in their careers, show exceptional potential for leadership in the frontiers of scientific knowledge. It is the highest honor bestowed by the U.S. government on scientists and engineers beginning their careers. Eight federal departments and agencies annually nominate scientists and engineers whose work shows the greatest promise. Participating agencies, such as the Department of Veterans Affairs, Department of Defense, and National Science Foundation, award these scientists and engineers with up to five years of funding to further their research in support of critical government missions.

Dr. Volpp is part of HSR&D’s Center for Health Equity Research and Promotion (CHERP) located in

Philadelphia/Pittsburgh. Dr. Volpp’s particular research interests include health economics and financial incentives, delivery of health care, as well as racial disparities in health outcomes. A few of Dr. Volpp’s current HSR&D studies focus on estimating racial disparities in 30-day mortality among patients treated in VA hospitals compared with disparities among similar patients treated in non-VA hospitals, and determining whether modest financial incentives increase the rate of smoking cessation program enrollment, completion, and quit rates among veterans who smoke.

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## HSR&D Investigators Receive AcademyHealth Awards

Three VA HSR&D investigators were honored at this year’s AcademyHealth Annual Meeting held June 26-28 in Boston. AcademyHealth is the largest professional society of health services researchers, so it is a great honor to these investigators and to VA in general to be so well represented. Award winners are:

**Katrina Armstrong, MD**, an investigator with HSR&D’s Center for Health Equity Research and Promotion (CHERP), who will receive the Alice S. Hersh New Investigator Award that recognizes scholars early in their careers as health services researchers who show exceptional promise for future contributions. Dr. Armstrong’s research focuses on health equity and medical decision-making.

**Rachel Werner, MD, PhD**, another CHERP investigator, will receive the Dissertation Award that honors an outstanding scientific contribution from a doctoral thesis in health services research. Dr. Werner’s dissertation examines whether publicly reporting information about health care providers’ quality improves patient care, or whether quality report cards might cause some providers to avoid patients they perceive to be at high risk for poor outcomes.

**Mark Meterko, PhD**, from HSR&D’s Center for Organization, Leadership, and Management Research (COLMR), will receive the award for Best Abstract. Dr. Meterko’s abstract, titled *“Civility Among Healthcare Employees: The Impact on Patients,”* discusses a study that measured workplace civility among a large group of healthcare staff, and explored its relationship to patient satisfaction.

Results suggest that general civility and cooperation among employees may have a strong, positive “spill-over effect” on patients in a health-care setting.

In addition to these awards, almost 40 VA investigators were presenters or chaired sessions at the meeting.

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## HSR&D Announces FY 06 Research Priorities

HSR&D recently released a new solicitation identifying the priorities for investigator-initiated research through fiscal year 2006 (see solicitation on web at [www.va.gov/resdev/funding/solicitations/docs/HSRD\\_Priorities\\_2006.pdf](http://www.va.gov/resdev/funding/solicitations/docs/HSRD_Priorities_2006.pdf)). VA health services research focuses on understanding how to organize, deliver, and finance health care to meet the complex and evolving needs of veterans. It emphasizes research that has practical applications for patients, health care providers, managers, and policy makers. The newly emphasized priority areas specifically address issues of importance to veterans and were developed by HSR&D portfolio managers in consultation with field based science advisors and senior VA leaders. Proposals submitted in response to the veteran-focused areas in the new solicitation that receive fundable merit review scores will be given priority funding consideration. Priority areas include:

### Equity

Patients, providers, health care facilities, and health care systems may all contribute to ethnic minority health care disparities. Studies aimed at these and other sources to develop and evaluate interventions to reduce disparities and promote equitable health care services for all veterans are the focus of this area. For questions regarding this topic area, contact *Rachel Evans, MPA*, at [rachel.evans@va.gov](mailto:rachel.evans@va.gov) or (202) 254-0133.

### Implementation

The development of conceptual, methodological, and technical groundwork to help build a solid foundation for implementing evidence-based clinical practice within VA is the goal of this priority area. Projects will identify tools, processes, data, methodologies, and other resources needed to enhance the health of veterans and influence practice and access to care. For questions regarding this topic area, contact *Caryn Cohen, MS*, at [caryn.cohen@va.gov](mailto:caryn.cohen@va.gov) or (202) 254-0218.

### Mental Health

This priority area will focus on improving the continuum of care for substance use disorders, improving earlier identification and treatment of post-traumatic stress disorders, and implementing recovery-oriented treatment approaches, particularly evidence-based programs and peer support services. For questions regarding this topic area, contact *Martha Bryan, EdD*, at [martha.bryan@va.gov](mailto:martha.bryan@va.gov) or (202) 245-0251.

### Long-Term Care

The population of veterans 85 years old and older (those most in need of nursing home care) is expected to increase to more than 1 million by 2012 and to remain at that level into the next decade. This area will focus on the assessment and improvement of the long-term care that VA provides or oversees, such as the ability to respond to changes in patients' health and functioning, locus of care, and mix of services. For questions about this topic, contact *Pauline Sieverding, PhD*, at [pauline.sieverding@va.gov](mailto:pauline.sieverding@va.gov) or (202) 254-0249.

### Women's Health

Assessment of the needs of women veterans and evaluation of models of care to meet those needs have been identified as key health services research priorities. Chronic illness, including physical, reproductive, and mental health conditions, as well as the degree of comorbid disease burden among women veterans are priority research areas. For questions about this topic, contact *Linda Lipson, MA*, at [linda.lipson@va.gov](mailto:linda.lipson@va.gov) or (202) 254-0231.

### Research Methodology

Projects in this area will work toward advancing the process of quality improvement by developing and testing innovative methodological approaches for identifying sources of variation in the adoption of change. Approaches will capture formative information on structure and process factors that enable change and build this information into quantitative analysis. For questions about this topic area, contact *Christine Elnitsky, PhD*, at [christine.elnitsky@va.gov](mailto:christine.elnitsky@va.gov) or (202) 254-0199.

For more information about this and other HSR&D and ORD solicitations, visit the HSR&D web site at: [www.hsrd.research.va.gov/for\\_researchers/funding/solicitations/](http://www.hsrd.research.va.gov/for_researchers/funding/solicitations/).





## Recap of HSR&D National Meeting 2005

“Improving Care for Veterans with Chronic Illnesses” was the theme of this year’s VA HSR&D National Meeting, held in Baltimore, MD in February. During the course of HSR&D’s 23rd national meeting, more than 500 researchers, clinicians, and policy makers participated in plenary sessions, exhibits, workshops, and a poster session – all focusing on how to provide the best and most cost-effective health care for veterans living with chronic illnesses.

Hosted by HSR&D’s Center for Quality of Care and Utilization Studies (Houston, TX), the conference addressed numerous health care issues surrounding improving quality of care for chronic illnesses such as: chronic care models; patient-centered care; performance measurement systems; clinical guidelines; physician-patient communication; and implementing research findings into practice. Researchers also addressed many chronic diseases and conditions that affect veterans, including HIV, post-traumatic stress disorder (PTSD), diabetes, chronic viral hepatitis, and heart disease.

For highlights of the meeting, including the presentation of the 2005 Under Secretary’s Award for Outstanding Achievement in Health Services Research to Rodney Hayward, MD, please visit the HSR&D web site at [www.hsr.d.research.va.gov/about/national\\_meeting/2005/](http://www.hsr.d.research.va.gov/about/national_meeting/2005/).

### 2006 Meeting Planned

The next HSR&D National Meeting, hosted by the Center for Health Equity Research and Promotion (Philadelphia/Pittsburgh), is tentatively scheduled for February 2006, in Washington, DC. The theme for the meeting is “Implementing Equity: Making Research Work for Diverse Veteran Populations” and a call for abstracts will be released this summer. Look for information on the web at [www.hsr.d.research.va.gov/about/national\\_meeting/](http://www.hsr.d.research.va.gov/about/national_meeting/).

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## Research Highlights

### High-Risk Veterans Benefit from Cardioverter-Defibrillators

A recent article reports that veterans identified as high risk (those with pre-existing clinical heart failure and ischemic heart disease) who received implantable cardioverter-defibrillators (ICDs) had

significantly lower all-cause and cardiovascular mortality at three years. Findings suggest that in this population one death is prevented over a 3-year period for every 4-5 patients receiving a defibrillator.

Sudden cardiac death is responsible for 50% of all cardiovascular deaths. Until recently, the prevention of sudden cardiac death in high-risk populations has involved the use of anti-arrhythmic agents, with mixed results. While randomized prevention trials have shown that ICDs confer a survival benefit to high-risk patients, it was unclear whether these benefits were generalizable to the larger population, outside the strictly controlled setting of a trial. Findings from this study suggest that the dramatic benefits found in prevention trials can be extended to high-risk veterans in routine practice with appropriate attention to patient selection.

Chan PS, Hayward RA. *Mortality reduction by implantable cardioverter-defibrillators in high-risk patients with heart failure, ischemic heart disease, and new-onset ventricular arrhythmia: an effectiveness study.* Journal of the American College of Cardiology 2005 May 3;45(9):1474-81.

### Collaborative Care Results in Better Outcomes for Depression in Patients With and Without Comorbid Anxiety and PTSD

In a study of 1,801 depressed older adults, collaborative care was found to be more effective than usual care for participants both with and without comorbid anxiety disorder and PTSD. Those without a comorbid anxiety disorder who received collaborative care had early and lasting improvements in depression compared to those in usual care, both in terms of overall symptom severity and rates of improvement, while participants with comorbid anxiety showed similar outcomes. Participants with PTSD had a more delayed treatment response, requiring 12 months of intervention to show significant treatment effects over PTSD patients receiving usual care.

This article reports on data analysis from Project IMPACT (Improving Mood-Promoting Access to Collaborative Treatment), a randomized controlled trial of collaborative care management of depression. Patients in the intervention group received depression care management from a nurse or psychologist working collaboratively with their primary care physician for up to 12 months. Investigators suggest that proactive monitoring of anxiety symptoms along with depression and proactive engagement of PTSD patients who may be

avoidant in treatment are additional elements that may improve the IMPACT treatment model.

Hegel MT, Unutzer J, Tang L, Arean PA, Katon W, Noel PH, Williams JW Jr, Lin EH. *Impact of comorbid panic and posttraumatic stress disorder on outcomes of collaborative care for late-life depression in primary care.* American Journal of Geriatric Psychiatry 2005 Jan;13(1):48-58.

### **Routine HIV Screening is Cost-Effective Even in Low-Prevalence Populations**

Investigators evaluating the cost-effectiveness of voluntary HIV screening in health care settings found that routine HIV screening would be cost-effective even if the prevalence of undiagnosed HIV infection were as low as .05%. Although the prevalence of undiagnosed HIV is largely unknown, it is likely to reach this threshold in many settings such as urgent care clinics, emergency departments, and some primary care clinics. Other estimates from this study found that early identification and treatment resulted in an increased life expectancy of 1.52 years. Moreover, when changes in risk behavior associated with counseling and the reduction of transmission related to decreased viral load during highly active antiretroviral therapy were taken into account, rates of HIV transmission decreased by more than 20%.

As the largest single provider of HIV care in the country, VA has a sufficiently high HIV prevalence to warrant offering screening to all patients. Data show that veterans often enter HIV care with advanced disease requiring complex and expensive treatment; they and the system could benefit from earlier diagnoses.

Sanders GD, Bayoumi AM, Sundarum V, Bilir SP, Neukermans CP, Rydzak CE, Douglass LR, Lazzeroni

LC, Holodniy M, Owens DK. *Cost-effectiveness of screening for HIV in the era of highly active antiretroviral therapy.* New England Journal of Medicine 2005 Feb 10;352(6):570-85.

## **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, and under the guidance of an experienced mentor. Congratulations to the most recent awardees, listed below along with their locations and areas of research interest to be pursued through their award. For more information about this program and for awardee biosketches, visit the HSR&D web site at [www.hsr.d.research.va.gov/for\\_researchers/professional\\_development/](http://www.hsr.d.research.va.gov/for_researchers/professional_development/).

### **Research Career Development Awardees**

#### **David Arterburn, MD, MPH**

Cincinnati VAMC

Understanding Preferences and Healthcare Costs in Patients with Obesity

#### **Steven K. Dobscha, MD**

Portland VAMC

Co-Occurring Psychiatric and Substance Abuse Disorders in Primary Care

#### **Drew A. Helmer, MD, MS**

VA New Jersey Health Care System

Provider Effect on Outpatient Utilization in Veterans with Symptoms

#### **B. Price Kerfoot, MD**

VA Boston Health Care System

Optimizing VA Healthcare Delivery Through Web-based Interventions

#### **Maria J. Silveira, MD, MPH**

VA Ann Arbor Health Care System

Collaborative Palliative Care in Primary Medicine

#### **Steven Weisbord, MD**

VA Pittsburgh Health Care System

Preventing Radiocontrast-Induced Acute Renal Failure

### **NOTIFICATION OF PUBLICATIONS**

HSR&D requires notification of publication or presentation of research findings as soon as they are accepted for publication/presentation. Notification includes sending an electronic copy of the manuscript as soon as it is accepted for publication to both HSR&D ([vhaco@hsrd.va.gov](mailto:vhaco@hsrd.va.gov)) and the Office of Research and Development ([researchinfo@vard.org](mailto:researchinfo@vard.org)).

Full details of notification can be found on the web at [www.va.gov/resdev/resources/policies/by\\_service.cfm](http://www.va.gov/resdev/resources/policies/by_service.cfm)



## New Merit Review Entry Program Awardees

HSR&D Merit Review Entry Program awards are intended to provide beginning doctoral-level non-clinicians 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. Congratulations to the most recent awardees, listed below along with their locations and areas of research interest to be pursued through their award. For more information on this program and for awardee biosketches, visit the HSR&D web site at [www.hsr.d.research.va.gov/for\\_researchers/professional\\_development/](http://www.hsr.d.research.va.gov/for_researchers/professional_development/).

### Angela Fagerlin, PhD

VA Ann Arbor Health Care System  
Testing a Decision Tool's Impact on Veterans' Prostate Cancer Decisions

### Melissa M. Farmer Coste, PhD

VA Greater Los Angeles Health Care System  
Developing an Implementation Research Framework Through Tobacco Control

### Valerie Hoffman, PhD, MPH

Iowa City VAMC  
Improving Recognition and Management of Obesity in Primary Care

### P. Adam Kelly, PhD, MBA

Houston VAMC  
Investigating the Origins of Patients' Post-Medical Interaction Perceptions

### Keri Rodriguez, PhD

VA Pittsburgh Health Care System  
Patient-Provider Communication and Decision-Making in Heart Failure

## Newly Funded Research Projects

HSR&D continues to have a strong merit review program. This strength is reflected in the number and diversity of newly funded HSR&D research projects listed below. *(Only projects with funding start dates that have been confirmed since the last issue of Research Briefs are listed here. For all other HSR&D funded projects, see the web study section at [www.hsr.d.research.va.gov/research/](http://www.hsr.d.research.va.gov/research/)).*

## GULF WAR VETERANS RESEARCH

### Telemedicine Intervention for Veterans with Gulf War Illness

Donald Ciccone, PhD  
VA New Jersey Health Care System  
Funding Period: January 2005 – December 2008

## INVESTIGATOR-INITIATED RESEARCH

### A Brief Community Linkage Intervention for Dually Diagnosed Individuals

David A. Smelson, PsyD  
VA New Jersey Health Care System  
Funding Period: February 2005 – January 2008

### Diabetes Telemedicine Consultation: A Systems Improvement Intervention

David C. Aron, MD, MS  
Cleveland VAMC  
Funding Period: April 2005 – March 2009

### Does the Minimum Data Set Reflect Practice Patterns in VA Nursing Homes?

Patricia A. Parmelee, PhD  
Atlanta VAMC  
Funding Period: April 2005 – March 2008

### Evaluating HIV/AIDS Care Access and Quality in the VA

Allen L. Gifford, MD  
VA San Diego Health Care System  
Funding Period: May 2005 – October 2006

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

Elizabeth Yano, PhD, MSPH  
VA Greater Los Angeles Health Care System  
Funding Period: April 2005 – March 2007

### Impact of Quality Improvement Implementation on Nursing Home Outcomes

Dan R. Berlowitz, MD, MPH  
VA New England Health Care System  
Funding Period: January 2005 – June 2006

### Impact of Resident Work Hours on Errors and Quality in VA Hospitals

Kevin Volpp, MD, PhD  
Philadelphia VAMC  
Funding Period: June 2005 – November 2007

### Improving HIV Screening by Nurse Rapid Testing, Streamlined Counseling

Steven Asch, MD, MPH  
VA Greater Los Angeles Health Care System  
Funding Period: January 2005 – June 2007

**Measuring Quality of Family Experience of Patients with Serious Illness**

Karen Steinhauser, PhD  
Durham VAMC

Funding Period: January 2005 – December 2009

**Medicaid Enrollment, Utilization, and Outcomes for VA Patients**

Ann M. Hendricks, PhD  
VA Boston Health Care System

Funding Period: October 2004 – September 2007

**Methylphenidate for Depressed Cancer Patients in Hospice**

Linda K. Ganzini, MD  
Portland VAMC

Funding Period: January 2005 – December 2008

**New Statistical Methods for Analyzing Veterans' Health Care Costs**

Andrew Zhou, PhD  
VA Puget Sound Health Care System

Funding Period: January 2005 – June 2007

**Optimal Use and Cost-Effectiveness of ICDs in the VA Health Care System**

Barrie M. Massie, MD  
San Francisco VAMC

Funding Period: April 2005 – March 2010

**Stroke Prevention in Atrial Fibrillation: Impact of Mental Illness**

Susan Frayne, MD, MPH  
VA Palo Alto Health Care System

Funding Period: April 2005 – March 2009

**Telemedicine and Anger Management Groups with PTSD Veterans in the Hawaiian Islands**

Leslie Morland, PsyD  
VA Pacific Islands Health Care System

Funding Period: April 2005 – March 2009

**The Potential for VA+Choice to Affect Veterans' Care and VA Expenditures**

Ann M. Hendricks, PhD  
VA Boston Health Care System

Funding Period: April 2005 – September 2006

**Use of VA and Medicare Services by Older Veterans with New Disability**

Albert Siu, MD, MSPH  
Bronx VAMC

Funding Period: April 2005 – March 2008

**MANAGEMENT CONSULTATION****VHA Practice System Assessment Survey**

Elizabeth Yano, PhD, MSPH

VA Greater Los Angeles Health Care System

Funding Period: January 2005 – September 2005

**NURSING RESEARCH INITIATIVE****Sexual Violence and Women Veterans' Gynecologic Health**

Anne G. Sadler, RN, PhD  
Iowa City VAMC

Funding Period: April 2005 – March 2008

**IMPLEMENTATION RESEARCH****Supplements to Support Collaboration Between VA and Academic Experts**

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. Funding is intended 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. Listed below are investigators who have received recent funding in this area:

**John W. Finney, PhD**

VA Palo Alto Health Care System

Funding Period: January 2005 – December 2006

**Allen L. Gifford, MD**

VA San Diego Health Care System

Funding Period: February 2005 – January 2007

**Denise M. Hynes, PhD, MPH**

Hines VAMC

Funding Period: October 2004 – September 2006

**Jacqueline A. Pugh, MD**

VA South Texas Health Care System

Funding Period: October 2004 – September 2006

**Leonard Pogach, MD, MBA**

VA New Jersey Health Care System

Funding Period: January 2005 – December 2007

Please take a moment to tell us what you think about VA HSR&D Research Briefs by sending an email to us at [CIDER.boston@med.va.gov](mailto:CIDER.boston@med.va.gov).

Your comments and suggestions will guide us in our efforts to provide you with important HSR&D information in future issues.