Rehabilitation Outcomes Research Center
VA HSR&D and RR&D Center of Excellence

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Newsletter

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THIS ISSUE

Upcoming Conferences

February 21-23, 2007
VA HSR&D National Meeting
Washington, DC

April 11-14, 2007
Gait and Clinical Movement Analysis Society 12th Annual Meeting
Springfield, MA

May 10-12, 2007
NOVA 27th Annual Meeting
Washington, DC

May 22-24, 2007
2007 American Medical Informatics Association (AMIA), Spring Congress
Orlando, FL

June 3-5, 2007
AcademyHealth's Annual Research Meeting
Orlando, FL

October 3-7, 2007
2007 ACRM-ASNR Joint Educational Conference
Washington, DC

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www.va.gov/rorc

BEYTH NAMED RORC ACTING DIRECTOR

Rebecca J. Beyth, MD
RORC Acting Director

Highly recommended by the outgoing director and strongly supported by the Dr. Charles Wingo, North Florida/South Georgia Veterans Health System ACOS for Research, Rebecca J. Beyth, MD, MSc has been named the Acting Director of the Rehabilitation Outcomes Research Center. Dr. Beyth has served as the COE Associate Director for the past two years.

As the RORC Associate Director, Dr. Beyth directed the Research Excellence product line, instituting a rigorous mock review process for all proposals submitted to VA and external funding agencies. Her leadership in the Career Development core resulted in a more comprehensive and seamless inter-disciplinary program spanning both VA and University institutions/departments. Performance measures for achievement were established and formal rating and feedback processes were installed. She also successfully submitted a proposal allowing the RORC to participate as post-doctoral physician fellowship site.

Prior to coming to Gainesville, Dr. Beyth was an Assistant Professor of Medicine at Baylor College of Medicine in Houston, Texas, where she was the Associate Director for Translational Research at the VA Center for Quality of Care and Utilization Studies, an HSR&D Center of Excellence.

In addition to her role as the RORC Acting Director, Dr. Beyth is Associate Professor of Medicine, and Chief, Division of Career Development and Education in the Department of Aging and Geriatrics, College of Medicine, Affiliate Associate Professor, Health Services Management and Policy, College of Public Health and Health Professions at the University of Florida, and Staff Physician at Geriatric Research, Education, and Clinical Center and Malcom Randall VA Medical Center. Her research interests and funding are in the areas of improving outcomes for patients with chronic diseases, improving clinical decision-making, and prevention of disability. She is married to Dr. John Charnas, an occupational medicine physician, and they have four children.

GRANTS SLATED FOR FY-2007

RORC investigators had six new VA projects approved for funding during FY-2006 and these grants are scheduled to start in FY-2007. The upcoming research shows a balanced portfolio of HSR&D, RR&D and QUERI projects. HSR&D Service approved "Geographic Access to VHA Rehabilitation Services for OEF/OIF Veterans" (PI: D. Cowper Ripley) and "VA and Non-VA Healthcare Utilization and Outcomes by Veterans with Stroke" (PI: H. Jia) through the investigator initiated research program. HSR&D Service also approved two QUERI Rapid Response Projects: Education Materials for Puerto Rican Veterans and Their Families (PI: C. Uphold) and VHA Costs of Acute vs. Subacute Rehabilitation Care for Stroke (PI: WB Vogel). In addition, two RR&D investigator initiated projects are slated to start in FY-2007: Home-Based Telehealth Stroke Care: A Randomized Trial for Veterans (PI: N. Chumbler) and Cost-Effectiveness of Stroke Rehabilitation Setting in the VA (PI: W.B. Vogel).

National Dual Use Study Examines VHA Stroke Patients

Huanguang "Charlie" Jia, PhD
RORC Investigator

More than half of the VA enrollees are also eligible for Medicare. Several studies have documented the VA-Medicare dual utilization by VA patients and have compared the characteristics and health outcomes of the dual users in specific diseases. However, little is known about VA stroke patients (1) who have received healthcare within VA only compared to (2) VA stroke patients who have used Medicare only and/or (3) who have used both VA and Medicare simultaneously at the national level. Further, little is known about the characteristics and outcomes between these three groups of users. To provide the best quality of care across the continuum to our veterans with stroke, we must understand the scope of services provided both inside and outside the VA system.

The focus of the newly funded IIR, "VA and Non-VA Healthcare Utilization and Outcomes by Veterans with Stroke," is to understand the process and outcomes of post-stroke care by VA stroke patients who are VA-only users versus those stroke patients who are Medicare-only users or VA-Medicare dual users. The objectives of this study are: (1) to refine the patients' eligibility and utilization status for each healthcare program (VA and Medicare) in 2001-2002 based upon the methods we developed in our on-going project, VA and non-VA rehabilitation utilization by VA stroke patients living in the state of Florida, and to categorize the patients into three user groups (VA-only, Medicare-only, and the dual users), (2) to describe and compare the demographic and clinical characteristics between the three user groups, (3) to profile and compare 12-month pre-index and 3-, 6-, and 12-month post-index stroke healthcare utilization between the 3 user groups as well as the patterns of health services dual use by the dual users, (4) to predict the out-of-VA healthcare use, and (5) to estimate the differences in 3-, 6-, 9-, and 12-month post-index stroke mortality, rehospitalization in general, readmission for recurrent strokes, fractures, and discharge to community at index hospitalization between the three user groups and geographic regions.

The study sample includes all veterans who were VHA enrollees, or Medicare Fee-for-Service plan enrollees, and identified in FY 2001-2002 VA and Medicare inpatient databases using the high specificity stroke ICD-9 codes. The estimated sample is 26,714 patients; this includes 19% VA only users, 42% Medicare only users and 39% dual users. Secondary data will be obtained from databases of two major sources: VA Austin Automation Center (AAC) for the VA data and VA Information Resource Center (VIReC) for the Veteran Medicare data. Summary statistics will be provided for sociodemographic, clinical and utilization characteristics of the different user groups as well as the dual use pattern by the dual users. Objective 1, 2 and 3 are descriptive studies. For objective 3, multinomial logit model will be constructed to predict the potential out-of-system utilization. For objective 5, we will use general linear-mixed models, with logit link for dichotomous outcomes (mortality, readmission for recurrent stroke, diagnosis of fractures, and discharge to home) and log link for rehospitalizations (any cause). This approach will allow us to consider intraclass correlation for patients within the same medical center by including a random center effect. In addition, for the longitudinal outcomes we will also include time and time by user group interaction as independent variables.

This study is intended to provide needed information about: VA and Medicare healthcare utilization including post-stroke rehabilitation use, pattern of dual use, factors affecting the utilization variation, and several related outcomes of veterans with acute stroke. The study will allow us to develop a model to examine and compare the processes and outcomes of multiple user groups and it will be an important resource for future studies in stroke research. To clinicians, the findings will improve their understanding of the characteristics of their patients, patient VA and non-VA health use behavior, the continuum of treatment, and related outcomes. To healthcare planners and policymakers, this study will provide the evidence-based information about the processes and outcomes of stroke care by veterans who use VA and non-VA sources of care. To researchers, the study results will provide a basis for future studies in VA and non-VA healthcare utilization.

This study is funded by Health Services Research and Development Service, Office of Research and Development, VA Central Office as Grant #06-108-2.

About Charlie*….*

Huanguang "Charlie" Jia, MPH, PhD, is a Research Health Scientist at the RORC. Dr. Jia received his medical training from a health school in Shanxi, China, received his MPH in health policy administration and a PhD in medical anthropology from the University of North Carolina at Chapel Hill.

In addition to his teaching work at Peking Union Medical College in Beijing, China and at UNC School of Nursing at Chapel Hill, Dr. Jia has served as Director of the World Bank Office at Chinese Academy of Medical Sciences in Beijing.

Dr. Jia is concurrently a Courtesy Professor with the University of Florida's Department of Health Services Research, Management and Policy, and a member of the UF IRB.

Research interests of Dr. Jia include: health services accessibility, multiple system use, disparities in treatments received, health related quality of life, depression and HIV/AIDS.

COST STUDY EXAMINES REHABILITATION SETTINGS IN VHA

The number of Veteran Health Administration (VHA) acute rehabilitation bed sections has declined dramatically over the past ten years. In 1995, 82 VHA medical centers operated acute rehabilitation bed sections. By 2005, however, 37 of those units (45 percent) had been closed, leaving only 45 acute rehabilitation bed sections within the VHA to serve a burgeoning enrollment. The consequences of these closures for the efficiency and effectiveness of rehabilitation services for VHA stroke patients are largely unknown.

In this Rehabilitation Research and Development (RR&D) funded project, "Cost-Effectiveness of Stroke Rehabilitation Settings in the VA," the investigators propose to close this knowledge gap by comparing the cost-effectiveness of stroke rehabilitation across different rehabilitation settings in the VHA. They propose to examine the variation in treatment outcomes, costs, and the cost effectiveness of rehabilitation services for stroke patients in six alternative post-stroke settings: (1) no post-acute rehabilitation care, (2) post-acute rehabilitation in an outpatient setting, (3) post-acute rehabilitation in a non-specialized inpatient location, (4) post-acute rehabilitation in a nursing home setting, (5) post-acute rehabilitation in a subacute rehabilitation unit, and (6) post-acute rehabilitation in a specialized acute rehabilitation unit. These settings were chosen to span the continuum of rehabilitation services within the VHA, and are an extension of the taxonomy used by Hoenig, et al.

The short-term objective of this research is to measure the cost-effectiveness of alternative stroke rehabilitation settings in the VHA. VHA initiatives to reduce acute hospital patient-days, combined with budget limitations, have been cited as the motivation for closing many of these acute rehabilitation units. These decisions were made despite findings in the literature that formal, integrated stroke care may lead to organizational improvements, increased efficiency, and better patient outcomes both in VHA and non-VHA settings. By documenting and comparing variations in costs, outcomes, and the cost-effectiveness of rehabilitation services in the VHA, the research team seeks to establish an initial basis for allocating VHA rehabilitation resources across rehabilitation settings so as to maximize the effectiveness and efficiency of VHA stroke rehabilitation services. We believe that documenting the cost effectiveness of VHA rehabilitation services is critical to maintaining access to appropriate rehabilitation services for VHA enrollees. In the absence of clear evidence concerning the cost-effectiveness of different rehabilitation treatment settings within the VHA, future planning decisions may further restrict access to rehabilitation services, and may inadvertently degrade veteran stroke survivors' long-term functional outcomes and quality of life. The long-term objective of this research is to influence future VHA planning decisions by providing information on the cost-effectiveness of alternative stroke rehabilitation settings.

This research is funded by Rehabilitation Research and Development Service, Office of Research and Development, VA Central Office as Grant #B5-4346R.

W. Bruce Vogel, PhD
RORC Investigator

About Bruce*….*

W. Bruce Vogel, PhD is the Director of the RORC Methodology Core and a Research Health Scientist at the Center. Dr. Vogel has over 20 years of experience in health services research, health economics, and quantitative evaluations of health care programs.

Dr. Vogel has had major success in RR&D funding. Two recently completed projects, one on determining the optimal locations for VA traumatic brain injury treatment units, the other (with Dr. Dan Berlowitz, COE Bedford) on developing a risk adjustment method for stroke rehabilitation outcomes.

In addition to his work at the RORC, Dr. Vogel is the Director and Associate Professor for the Division of Health Policy Research, Department of Epidemiology and Health Policy Research, University of Florida College of Medicine.

Don't forget to register for the HSR&D National Meeting
February 21-23, 2007 at Web Site:

http://www.hsrd.research.va.gov/meetings/2007/registration.cfm

RORC MISSION

To enhance access, quality, and efficiency of rehabilitation services through interdisciplinary research and dissemination activities.

DR. PAMELA DUNCAN LEAVES RORC FOR DUKE

Trading the Florida Gators for the Duke Blue Devils, Dr. Pamela Duncan announced in November, 2006 that she would step down as the Director of the RORC effective 12/20/2006.

Pamela W. Duncan, PhD
RORC Director 2001-2006

In her letter of resignation to Dr. Charles Wingo, ACOS for Research at the North Florida/South Georgia Veterans Health System, Dr. Duncan wrote, "*Thank you for the opportunity to serve. It has been a privilege to have been able to work with you and the many colleagues in Gainesville and nationally. But most importantly it has been a privilege to serve the VA and the Veteran. I am always motivated by the bravery of our veterans and our responsibility to provide the very best of care for them.*"

Pamela W. Duncan, PhD, 11/15/2006

Dr. Duncan was the architect of the Rehabilitation Outcomes Research Center for Veterans with CNS Damage. Well-versed in both health services and rehabilitation research, and carrying national and international recognition for her work with stroke patients and rehabilitation outcomes, she applied for, and was granted, the first combined Center of Excellence funded by both Rehabilitation Research and Development and Health Services Research and Development Services. The RORC was established on October 1, 2001, and Dr. Duncan became the first Director. Three years later, the Stroke QUERI Center was moved to Gainesville and Dr. Duncan was named Research Coordinator, and Linda Williams, MD (Indianapolis) became the Stroke QUERI Clinical Coordinator. The RORC has flourished over the past five years during Dr. Duncan's tenure as Director. The RORC investigators and staff will miss her vision and passion but will continue to move the organization forward to pursue the mission of improving the health, function, and well-being of veterans with CNS disorders and traumatic injuries by conducting interdisciplinary rehabilitation outcomes research.

Dr. Duncan has accepted an endowed position at Duke University where she will continue her research in stroke rehabilitation, outcomes and policy.

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STAFF NEWS

L. Douglas Ried, PhD, RORC investigator and Professor of Pharmacy Health Care Administration at the College of Pharmacy, University of Florida has been elected President-elect of the Academy of Pharmaceutical Research and Sciences (APRS).

Sooyeon Kwon is now a card carrying pharmacist in the State of Florida. Congratulations Dr. Kwon.

Melanie Sberna and her husband Ray Hinojosa are the proud parents of a baby girl, ***Eva Marie***, born on December 23, 2006 (just in time for Christmas). This is the couple's first child. Welcome to the world of sleep deprivation you two!

Wendi Spisak received a special contribution award for her contributions to the VA/RORC. Thank you for all your efforts Wendi.

Diane Cowper and Bruce Ripley were married on December 2, 2006, at the Kanapaha Botanical Gardens, Gainesville, Florida.

Welcome Aboard to Dr. Marci Buchanan, RORC Administrative Officer. Dr. Buchanan is a senior manager and financial expert. She received her Master of Education degree in Business Administration/Economics and Education and her Doctor of Education degree in Educational Leadership (Public Finance/Technology). During her tenure in education, she worked in administration at a local-level school board and three land-grant universities: University of Florida, Iowa State University, and Auburn University. Her special areas of interest are budgeting, organizational management, and strategic planning. She is a United States Army veteran, with specialization in personnel and finance.