TRANSLATING RESEARCH INTO QUALITY HEALTH CARE FOR VETERANS

FORUM

VA HEALTH SERVICES RESEARCH & DEVELOPMENT JUNE 1999

COMMENTARY

HSR&D in the 21st Century: Where We Are and Where We Need To Be

By John G. Demakis, M.D., Director, HSR&D

Not too long ago, VA's Health Services Research and Development Service (HSR&D) had a budget of $1 million and peer reviewed 13 proposals. Today, we have a budget of $42 million and more than 200 *funded* projects, centers, and career development/scientists awardees. We have some of the most skilled health services researchers in the nation, as evidenced by their roles as editors of a major HSR&D journal, immediate past president of the Society of General and Internal Medicine, and president of the Society for Medical Decision Making. We have built relationships with VA Headquarters and Networks to enhance the usefulness and timeliness of our research efforts to the system. So what should we be doing differently as we move into the next millennium? Plenty.

One thing we know for certain about health care and health care delivery systems today and in the near future is that they are changing. For many years, even as health care delivery was changing in the private sector, VA remained a protected, insular system that provided tertiary care. However, when Dr. Kizer became Under Secretary for Health, he set the VA health care system on a long journey of change. This journey provides exciting opportunities for the HSR&D Service. Studying systems and the effects of change on systems, individuals, and policy is what HSR&D does well. The organization and delivery of health care will continue to change during the next five to 10 years – both in the VA and in the private sector. New research findings from HSR&D can and will make major contributions toward shaping and directing those changes.

Preparing For Change

Relationships with VISNs and HQ. We need to become more systematic in our approach to identifying and selecting questions to answer for the VA system. This will require a closer working relationship with policy makers and decision makers. As a result, use of our Service Directed Research Program may increase. We already work closely with Network Directors through our HSR&D/Network Liaison Committee to identify important areas of study, but we will need to expand upon these efforts and create new opportunities for dialogue so that together we can identify and prioritize research questions. Then HSR&D will issue new solicitations that will help us get answers to those questions — and get them in a timely manner.

Our findings should lead to changes in policies, practices, and patient outcomes.

We have recently funded several new efforts with Networks through our VISN Collaborative Research (VCR) solicitation. Through VCR, HSR&D works with the Networks to enhance VA health services research capacity and expertise to address important health services research issues of interest to Networks and the broader VA. Studies recently funded under this solicitation address mission-critical questions and focus on issues such as enhancing patient access to primary, emergency room, or specialty care; determining the optimal staffing level, panel size, or geographic location of specific treatment programs; and evaluating innovative care delivery systems. These studies will add generalizable knowledge to the health services literature and also inform key policy and programmatic decisions. We will evaluate VCR studies as they move forward to see if we should expand this type of work. So far, we have focused VCR efforts in Networks that don't currently have an HSR&D Center of Excellence. Perhaps we should open these up to all Networks.

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A Publication of the VA Office of Research & Development, Health Services Research & Development Service, Management Decision and Research Center, in conjunction with the Association for Health Services Research

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Building and Maintaining Capacity

Research Centers: We currently have 11 Centers of Excellence and the Management Decision and Research Center, which have proven to be invaluable resources. Additional needs resulted in the funding of our newest centers, the VA Information Resource Center and the Cost Economics Center. We are still determining whether these very successful centers possess enough field capacity. During the next few years, we will be taking a closer look at our capacity and considering new and creative ways to enhance it.

Career Development/Scientist Program: I would like to see expansion in our Career Development Program during the next five years. We currently fund 46 clinicians and eight doctorate-level scientists through our Career Development/Scientist awards, which provide protected time for these talented investigators to advance their research careers and increase the health services research knowledge of other VA clinicians and non-clinicians. In addition, we may need to seek different skill sets in our Career Development awardees of the future. For example, we need more non-physician clinicians (nurses, clinical psychologists, social workers, etc.) that bring new and different perspectives to our research portfolio. We need career scientists

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We need to strive for a healthy balance of long-term research and rapid response research.

Response

VHA Needs Health Services Research To Continue the Journey for Change

By Robert H. Roswell, M.D., Veterans Integrated Services Network Director

In the current austere budget climate, many of us may be tempted to ask whether the Veterans Health Administration (VHA) can continue to support health services research. My answer is a resounding "Yes!" I would like to share my thoughts on why.

About four years ago, VHA began a remarkable transformation under the visionary leadership of Dr. Kenneth Kizer. The cornerstone for this transformation was the creation of 22 Veterans Integrated Service Networks (VISNs), and the decentralization of substantial authority to the leadership within each VISN. While the delegation of authority on this level was somewhat unprecedented for a large federally funded agency, what took place next was even more extraordinary. Stimulated by a new emphasis on performance measurement and accountability, the VISNs began making meaningful changes in the delivery of health care services to veterans. More importantly, significant operational efficiencies were put in place that allowed us to reach hundreds of thousands of new veteran service users, despite a relatively fixed operating budget. Hundreds of new access points opened, and patient-focused, primary care became the new service standard.

To a casual observer, the community-based, outpatient delivery of high-quality, well-managed health care services that characterizes VHA in 1999 bears little resemblance to the staid bureaucracy of a national hospital system for veterans that was VHA just a few short years ago. Yet, an increasing number of pundits in Washington have charged that VA no longer provides uniform care and services across the country, and that new users and limited dollars have become the enemy of quality health care, particularly in specialized treatment areas. These critics often suggest that we need to re-centralize authority and reign in the innovative approaches that have enhanced care across the 22 VISNs.

Our real needs, of course, are much different. We need a mechanism to assess the effectiveness of disparate approaches to common challenges. We need a way to evaluate the actual savings associated with innovative health care delivery processes. We need a means to measure quality, access, patient satisfaction, and functional outcomes against these cost-savings. And, even more importantly, we need to share those strategies that have proved successful across the 22 networks. Without these things, we may be forced to abandon the very process that has brought us so much innovation and improvement.

The answer to this dilemma does not lie in Washington but in VHA's own tremendous health services research capability. Our challenge now is to utilize this expertise to measure variations in practice, validate health care outcomes, and assess the operational efficiency of the many innovations in care in place all across our system. We have neither the time nor the resources to seek answers from outside. We must draw upon the excellence in health services research within VHA to meet this pressing need. And, just as importantly, we must pursue strategies that will develop and inculcate all 22 VISNs with the expertise in investigative and statistical techniques that will allow us to continue our dramatic success in reshaping veterans' health care delivery for the coming millenium.

Can we continue to afford health services research in VHA? We can't afford not to!

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with expertise in organizational behavior, change management, health economics, and database management.

Developmental Projects Program: Another way to build and maintain our capacity is through our Developmental Projects Program. During the next few years, I hope to focus more attention on this program, which provides seed money for investigators to apply innovative health services research methods to problems that have direct relevance to VA's clinical mission. This program will need to be expanded and refocused to meet our evolving needs.

Data Needs

Increasingly, our ability to carry out research projects is dependent on the availability of reliable data. Fortunately, the VA has a series of national databases that cover inpatient, outpatient, and long-term care. Unfortunately, these databases are not linked and some are more reliable than others. In addition, since so many of our patients are also eligible for Medicare, many of our projects require Medicare data to get a true picture of veterans' health care utilization. We need to be able to link the various VA databases and link our databases with Medicare databases in a systematic, prospective fashion. We have recently initiated projects that will address these issues.

Making A Difference

In HSR&D, we must be able to show that what we do makes a difference. Our findings should lead to changes in policies, practices, and patient outcomes. We especially need to document improvements in patient outcomes. This is what our Quality Enhancement Research Initiative (QUERI) is all about. I expect to devote more time and resources to QUERI in the next five years. However, in this rapidly changing health care environment, we need to accept the fact that we can't always take several years to answer a question. We simply don't have the luxury if our work is to be relevant, so we must speed up our response time. We need to strive for a healthy balance of long-term research and rapid response research. Keeping pace with changes in health care delivery will surely be an important challenge for us in the new millennium.

In summary, I believe HSR&D is well positioned within VA to make major contributions to VA's efforts to improve quality, patient outcomes, and cost. Our challenge is to do just that.

Response
Collaboration Between HSR&D Researchers and Managers Will Move VHA System Toward Evidence-Based Medicine

By Robert A. Petzel, M.D., Veterans Integrated Services Network Director

The keys to the future success of the Veterans Health Administration (VHA) in maintaining and improving the health of America's veterans are clear. First, VHA's delivery system must be solidly grounded in evidence-based medicine. Second, we must find the most cost-effective ways to deliver the most efficacious health care services. This involves expanding the evidence base for our practice and finding methods to translate this knowledge into actual clinical practice.

VHA is in an excellent position to do just that. For one thing, VHA is an integrated national health care system. In addition, as Dr. Demakis has outlined, we have an outstanding Health Services Research and Development (HSR&D) organization, which includes 11 Centers of Excellence, a $42 million budget, hundreds of funded investigators, and a robust career development program. Finally, we have an opportunity to integrate the activities of the HSR&D program with the management of our national system of VHA networks and medical centers.

During the past few years, VHA's managers and HSR&D researchers have engaged in a much closer collaborative relationship. HSR&D has invited managers to identify specific areas – such as access to care, women's health, and nursing – where further research could be of assistance to them. Efforts are underway to stimulate HSR&D programs in all VISNs. The Quality Enhancement Research Initiative (QUERI) has been launched with the goal of improving the evidence base for those clinical conditions most commonly seen in our patient population. Finally, the HSR&D Liaison Committee, which is composed of HSR&D researchers, network directors, clinical managers, and quality managers, has been effective in increasing the relevance of the HSR&D program. Investigator-initiated research is still the best research, but HSR&D's efforts have helped stimulate that research and improve its relevance to managing VHA.

VHA has the opportunity to demonstrate to the rest of the country that evidence-based health care is the most effective, lowest-cost, and highest-quality health care. To do this, we must continue to expand and improve productive collaborations among our health services researchers and managers.

RESEARCH HIGHLIGHTS

HSR&D's Investigator-Initiated Research Targets Diverse Areas of Interest to VA

By Claire Maklan, M.P.H., Ph.D., and Mary Jones, M.B.A.

VA's Health Services Research and Development Service (HSR&D) is committed to a program of research that provides timely and useful information for improving the effectiveness, cost effectiveness, and quality of VA health care. To accomplish this objective, HSR&D's Investigator-Initiated Research (IIR) program supports two types of projects: (1) unsolicited studies in *all* VA-relevant areas of health services research; and (2) studies that address particular research themes or questions articulated in requests for proposals.

The overall steady growth in the IIR program during the last several years has been accompanied by a marked increase in the proportion of projects focused on questions and topics identified by HSR&D as high priority to VA managers, policy makers, and clinicians.

In approximately 30 months, we have published solicitations for IIR proposals in 14 distinct areas of research. While these do not all represent *new* areas of research for HSR&D, this programmatic direction has resulted in a respectable start in several new areas as well as increased investment in some traditional areas of health services research. In addition, this more directed approach has brought some new investigators to HSR&D and has channeled the energy of some established HSR&D investigators in new areas.

In the following section, we identify and briefly describe each of HSR&D's solicitations for IIR studies, in order of publication date. Currently, these solicitations are still open. For the most up-to-date information, visit our web site at www.va.gov/resdev/fr/frrfp. Projects funded to date or pending award in each area are listed in the accompanying table.

Access – *Published October 1996 and June 1997*
Studies focused on the outcomes of actions planned or taken by VA managers or policy makers with the intent of improving access, either by increasing it, restricting it (to reduce unnecessary or ineffective services), or redistributing it across populations or places.

VA Managed Care – *Published November 1996 and June 1997*
Research that addresses timely questions about how VHA's movement toward managed care and adoption of specific managed care principles or practices affect important patient and system outcomes. Of particular interest are studies focused on the effectiveness and efficiency of primary care in the new, increasingly "managed" context.

Implementation of Clinical Practice Guidelines – *Published November 1996, June 1997, and Fall 1998*
Studies to identify effective methods or strategies for implementing clinical practice guidelines in VA health care, especially strategies that may be replicated systemwide and studies that address generic issues in guideline implementation.

Women's Health / Gender Variations – *Published November 1996 and June 1997*
Research on the special health care needs of women veterans and studies to explain variations in practice and outcomes associated with gender differences.

Ethnic and Cultural Variations – *Published November 1996 and June 1997.*
Studies to explain variations in practice and outcomes associated with differences in patients' ethnic and cultural identity.

Patient-Centered Care – *Published September 1997 and October 1998*
Studies of processes and outcomes of care that are sensitive to patients' individual values and preferences, with emphasis on qualitative methods.

Rehabilitation Outcomes – *Published April 1997 and April 1998*
Collaborative initiative between HSR&D and VA's Rehabilitation Research and Development Service to encourage studies of the outcomes of rehabilitation services, with the aim of improving patient physical functioning, independence, and quality of life.

Patient Safety – *Published May 1998 and February 1999*
Studies to identify high-risk patients, providers, processes, and situations; as well as to identify strategies for reducing and eliminating adverse events, thereby improving patient outcomes and the overall quality of care.

Cross-Cutting Issues in Telemedicine – *Published September 1998*
Research and systematic evaluations on the effectiveness or cost effectiveness of telemedicine applications in VHA, with attention to generalizable concepts.

QUERI – *Published October 1998*
Under the Quality Enhancement Research Initiative (QUERI), HSR&D requested proposals for studies of health care quality related to five of the QUERI clinical foci: chronic heart failure, HIV/AIDS, substance abuse, diabetes, and stroke.

Funded Projects Responsive to Targeted IIR Solicitations

TITLE	Project Number	Location	Start	End
Access				
Impact of Outsourcing VA Cardiac Surgery on the Cost and Quality of Care	ACC 97.004	Cleveland	Oct-97	Sep-00
Enhancing Access to Primary Care for Veterans with Psychiatric Illness	ACC 97.021	San Diego	Oct-97	Sep-98
Efficacy of Telepsychiatry in the Treatment of Depression	ACC 97.034	Baltimore	Oct-97	Sep-00
Processes, Structure, and Outcomes of Post-Stroke Rehabilitation Care	ACC 97.114	Kansas City	Oct-97	Mar-00
Pressure Ulcer Assessment via Telemedicine	ACC 97.013	Ann Arbor	Oct-98	Mar-00
An Evaluation of the Organization of Subspecialty Cardiac Care within VA	ACC 97.079	Seattle	Jan-98	Jun-00
Improving Service Delivery through Access Points	ACC 97.068	Little Rock	Jan-99	Dec-01
Managed/Primary Care				
An Integrated Model of Primary Care in Mental Health	MPC 97.010	Indianapolis	Aug-97	Jul-00
Negotiating Patient Expectations and Requests in a Managed Care Environment	MPC 97.011	Durham	Sep-97	Aug-99
Evaluating HEDIS 3.0 for VHA	MPC 97.002	Bedford	Oct-97	Sep-99
Ambulatory Case Mix Measures: Implications for VA Managed Care	MPC 97.009	Bedford	Oct-97	Sep-00
The Effect of Managed Care on VA Hospital Costs	MPC 97.008	Bedford	Oct-97	Sep-01
Managed Care Performance of VHA Primary Care Delivery Systems	MPC 97.012	Sepulveda	Oct-97	Sep-99
Clinical Practice Guidelines				
Guidelines for Drug Therapy of Hypertension: Closing the Loop	CPG 97.006	Palo Alto	Jan-98	Jun-00
A Randomized Trial to Implement the AHCPR Smoking Cessation Guideline	CPG 97.039	Minneapolis	Jul-98	Jun-01
Implementing Smoking Cessation Guidelines: ... Evidence-Based Quality Improvement	CPG 97.002	Sepulveda	Jul-98	Jun-02
Impact of Provider Substance Abuse Education on Guideline Implementation	CPG 97.011	Cleveland	Oct-97	Sep-00
Pressure Ulcer Care in Nursing Homes: Effect of Clinical Guidelines	CPG 97.012	Bedford	Oct-97	Sep-00
Computerized Guidelines Enhanced by Symptoms & History: Clinical Effects	CPG 97.001	Indianapolis	Aug-97	Feb-01
A Multi-site Study of Strategies for Implementing Schizophrenia Guidelines	CPG 97.027	Little Rock	Aug-97	Jul-00
Three projects pending final decision.				
Women's Health/Gender Variations				
Gender Differences in Compensation and Pension Claims Approval for PTSD	GEN 97.002	Minneapolis	Oct-97	Sep-00
Toward Gender-Aware VA Health Care: Staff Ideology, Sensitivity, & Knowledge	GEN 97.014	Boston	Oct-97	Sep-00
Veteran Women's Alcohol Problems: Prevalence, Screening and Self Help	GEN 97.022	Seattle	Oct-97	Sep-01
Surgical Risks and Outcomes of Women Treated in VA Hospitals	GEN 97.016	Hines	Oct-97	Sep-99
Decision Making for Depression in Women Veterans: Patient & Physician Factors	GEN 97.023	Bedford	Jul-98	Jun-01
Ethnic and Cultural Variations				
Cultural Factors in Adaptation to Chronic Illness	ECV 97.009	Tucson	Apr-97	Sep-98
Race, Patient Preference, and Stroke Risk Reduction	ECV 97.020	Durham	Jul-97	Jun-00
Educat'l Efforts to Reduce Cultural & Ethnic Variation in Cardiac Procedure Use	ECV 97.026	Pittsburgh	Jul-97	Jun-99
Ethnicity & Veteran Identity as Determinants of VA Ambulatory Care Use	ECV 97.028	West LA	Jul-97	Jun-01
Ethnic/Cultural Variations in the Care of Veterans with Osteoarthritis	ECV 97.014	Cleveland	Oct-97	Sep-00
Delivery of MH Services to American Indians & Hispanic Americans in NM & MN	ECV 97.005	Minneapolis	Oct-97	Sep-99
Prostate Cancer Outcome Measures: Age and Race Effects	ECV 97.081	Bedford	Apr-98	Mar-00
Racial Variations in Cardiac Procedures: Do Health Beliefs Matter?	ECV 97.022	Bedford	Oct-98	Sep-00
Ethnic Differences - Management of Patients with Ischemic Heart Disease	ECV 97.082	Cleveland	Jul-99	Jun-03
Health Seeking Behavior and Treatment Selection in Patients with Coronary Disease	ECV 98.100	Houston	Jul-99	Aug-02
Patient-Centered Care				
Complementary Medical Treatment among Veterans Accessing VA Primary Care	PCC 98.033	Tucson	Oct-98	Sep-00
Communication, Alternatives, and Preferences in End-of-Life Care	PCC 98.070	West Haven	Jan-99	Dec-01
An Illustrated Patient Satisfaction Evaluation Tool for Ambulatory Populations	PCC 98.071	Philadelphia	Jan-99	Mar-02
Documenting Barriers to Patient-Centered Care in an Academic Clinic	PCC 98.010	Boise	Apr-99	Mar-02
Developing a Cancer Pain Prognostic Scale	PCC 98.068	E. Orange	Jul-99	Jun-02
Patient-Centered Alternatives to Psychiatric Hospitalization for Veterans	PCC 98.051	San Diego	Jul-99	Jun-02
Development and Evaluation of a Hormone Replacement Therapy Decision Aid	PCC 98.039	Milwaukee	Jul-99	Jun-03
Assessing the Needs of VA Patients with Advanced Cancer	PCI 99.176	Madison	Jul-99	Jun-01
Treatment Decision Intervention for Veterans with Prostate Cancer	PCI 99.159	Lakeside	Jul-99	Jun-01
Rehabilitation Outcomes				
Outcome of Lower Extremity Constraint-Induced Therapy after Stroke	O2356 RA	Birmingham	Oct-98	Sep-02
Validation and Field Testing of a National Pain Treatment Outcome System	O2357 RA	Tampa	Jul-98	Jun-02
Impact of Occupational Therapy on the Health Status of Elderly Veterans	O2364 RA	Lexington	Oct-98	Sep-01
Patient Safety				
One project pending final decision.				
Quality Enhancement Research Initiative				
Diabetes				
Improving Diabetes Care via Automated Telephone Assessment and Patient Education	DII 99.187	Menlo Park	Jul-99	Jun-03
Developing and Implementing a Quality Measure for Glycemic Control	DII 99.205	Bedford	Jul-99	Jan-03
Chronic Heart Failure				
One project pending final decision.				
HIV/AIDS				
One project pending final decision.				

ORGANIZATION PROFILE

HSR&D's MDRC Connects Research with VA Policy and Management

By Martin Charns, D.B.A., Director, MDRC

Within VA's Health Services Research and Development Service (HSR&D), the Management Decision and Research Center (MDRC) serves as a bridge between research expertise and management and policy making at VA. Launched in 1992, the MDRC provides VA senior staff with consultation, technical assistance, management information, and research findings.

Often, complex organizations need to have individuals or entities that serve as integrators, or bridging mechanisms. The literature has shown that most effective integrators are those who are able to work effectively in both areas that they are attempting to integrate. MDRC staff understand and have expertise in both research and management. Its programs help translate information from one side to the other, so that it can be used effectively for the VA system. This integrating function, which bridges the world of research with the world of practice, is the added value that the MDRC brings to VA.

The MDRC's four strongly interdependent programs provide VA researchers and managers with a range of services designed to help them find solutions to myriad problems in health care delivery.

Management Consultation. The MDRC's Management Consultation Program responds to requests from VA senior managers and policy makers, using resources and expertise within HSR&D. Traditionally, MDRC staff have worked with the Centers of Excellence, occasionally with other health services researchers within VA, and less often with health services researchers at universities who are not VA staff. As VA's needs have evolved under the ongoing transformation, the MDRC staff is executing more work, using its own management and research expertise.

The range of responses is great, from very quick responses on policy issues and organizational consultations to three- or even four-year studies, like the Service Line Study and the Integration Study, which reflect major organizational changes that take some time for their effects to be measured. The MDRC has done more than 70 consultation projects, including some that have helped shape the organization and management of VA. The MDRC hopes to continue in that role.

Information Dissemination. The Information Dissemination Program fosters dialogue about health services research within VA and communicates research findings to audiences in and outside VA. The program uses a variety of media, including conferences and various publications, electronic dissemination, management lectures, and satellite broadcasts. Although the dissemination vehicles vary considerably, the overall purpose is the same: to take information from the research community, put it in an understandable form and language, and disseminate it via the most effective vehicle possible to targeted audiences that may include policy makers, managers, clinicians, researchers, and others. Highlights include the primer series, the satellite broadcast on guideline implementation, and the VA Research and Development web

G. Richard Smith Leaves Directorship of HSR&D Arkansas Center

G. Richard Smith

After eight years as the Director of the VA Health Services Research and Development (HSR&D) Center for Mental Healthcare and Outcomes Research (CeMHOR) in Little Rock, G. Richard Smith, Jr., M.D., has stepped down to move on to other challenges. Now, he says, he will pursue his interest in improving health care in Arkansas, working with the Arkansas Center for Health Improvement (ACHI), which he established in collaboration with the Arkansas Department of Health.

Dr. Smith developed CeMHOR, serving as its director from its inception in 1990 through 1998. He was responsible for transforming CeMHOR from a six-person research unit with support staff to a full-fledged research program with 18 doctoral level investigators.

Dr. Smith has been instrumental in developing processes and technology for mental health care quality improvement, including disorder-specific outcomes modules. He also served on depression guidelines development committees for VA and the American Psychiatric Association.

ACHI, where Dr. Smith will be devoting a substantial amount of his time, is an independent, nonpartisan organization.

page. All of the Information Dissemination Program's efforts utilize a variety of media that best meets the needs of VA and non-VA targeted audiences.

Technology Assessment. The Technology Assessment Program (TAP) came about at the request of then-Acting Under Secretary Farrar, who wanted a scientific basis for VA's technology decisions. TAP's mission is to enhance the quality of care and efficiency of resource use by promoting evidence-based clinical practice. It serves as a scientific and education resource for other VA technology assessment activities, particularly the Technology Recommendations Panel.

TAP also works directly with the networks. Sometimes, a network director or clinical manager has a question about whether a particular procedure is supported by scientific evidence or whether there is any evidence available on it. TAP conducts a systematic review of the literature, usually in concert with other experts within HSR&D, to make those determinations. These reviews are then sent out to other experts for a critique before they are released. In this way, program staff try very hard to balance timeliness with quality. Clearly, it is important to get information to the field as quickly as possible, but it is equally important for the program to maintain the quality of its work. Otherwise, its usefulness and credibility are diminished.

Management and Organization Research. The Management and Organization Research Program conducts competitively funded research on organizational and managerial factors affecting the access, cost, and quality of patient care; quality of work life for health care staff; and workplace dynamics and the implementation of change. Highlights include the National VA Quality Improvement Study and the study of staff coordination and surgical outcomes conducted in collaboration with the National VA Surgical Risk Study. These studies are very much in sync with the changes that are going on in VA.

The MDRC has accomplished a great deal since its inception, and many of its products have had a significant impact on VA management and policy. A few examples include the primary care primer, which came out just as VA made its push into primary care, the conference on organizational transformation, and the technology assessment of positron emission tomography (PET). That assessment is the world's most comprehensive report on PET. Based on that report, which found little evidence to support the use of PET as a diagnostic tool for specific clinical conditions, VA decided not to invest in additional PET centers.

Challenges and Opportunities

The MDRC faces several challenges. The world is changing, and VA is changing with it. Can the MDRC keep ahead of that curve? So far it's done a good job of anticipating many of these changes; it even helped move some of them along. For example, the MDRC came out in 1994 with a report that was a blueprint for creating networks, and now VA has Veterans Integrated Service Networks (VISNs). What will happen next? Can the MDRC be part of the next wave and anticipate how research can contribute to changes that are occurring in operations?

HSR&D is busier than it's ever been, and the MDRC is busier than it's ever been. The MDRC must be aware of capacity issues for meeting requests for services and managing the work in a way that maintains quality and timeliness.

Prospects are great. The MDRC's research interests revolve around organization design and change. There is no better opportunity right now to study that than within VA. As VA moves forward with creating a model for health care delivery, the MDRC is pursuing the opportunity to study how that goal is achieved. For the MDRC, that is indeed a very exciting opportunity.

Nelda Wray Leaves Helm of Houston Field Program for New Baylor Position

Nelda P. Wray, M.D., M.P.H., who was instrumental in launching the Health Services Research and Development (HSR&D) Center of Excellence in Houston and has served as its director for eight years, has left that position to head up a new health services research section at Baylor College of Medicine.

Nelda Wray

Among her many accomplishments, Dr. Wray helped develop and staff the Houston Center of Excellence, which was approved in 1988 and now has a staff of nearly 50.

Under Dr. Wray's leadership, the Houston field program has made outstanding contributions to VA research, including its ongoing work with large database analysis, both within and outside VA. Dr. Wray will remain at the Houston Center for Excellence as a lead researcher and mentor.

QUERI Update: VA Demonstrates Good Outcomes for Heart Attack Treatment

The Quality Enhancement Research Initiative (QUERI) is a major effort by HSR&D to translate research discoveries and innovations into patient care and systems improvements. QUERI focuses on eight conditions: ischemic heart disease, chronic heart failure, diabetes, stroke, mental health, substance abuse, spinal cord injury, and HIV/AIDS. As findings from QUERI emerge, they will be reported in FORUM.

Treatment for heart attack patients provided at VA primary and tertiary facilities is comparable or superior in quality to treatment provided in the private sector, according to early findings from the QUERI Ischemic heart Disease (IHD) study. Among the findings:

- Key validated quality measures for veterans with acute myocardial infarction (AMI) exceed those in the private sector in the use of aspirin, beta blockers, ACE inhibitors, and in the avoidance of calcium channel blockers.
- Because some patients cannot be treated with all recommended therapies due to absolute or relative contraindications, guideline compliance for treatment of AMI within VHA may be approaching optimal levels.
- Cardiac procedure use was comparable or greater than in the private sector.

VA performance data for the QUERI IHD study were obtained from multiple sources, including chart reviews and clinical trials. Benchmark data were obtained from the National Registry of Myocardial Infarction.

Rudolf Moos Receives Under Secretary's Award for Health Services Research

Rudolf H. Moos, Ph.D., of the Health Services Research and Development Service (HSR&D) Center of Excellence in Palo Alto, is the first recipient of the Under Secretary's Award for Outstanding Achievement in Health Services Research. Deputy Under Secretary for Health Thomas Garthwaite, M.D., presented the award to Dr. Moos on Feb. 25th at a ceremony held during the HSR&D Annual Meeting in Washington, DC.

Rudolf Moos

The Award was established in 1998 to honor the highest level of achievement in health services research and to recognize its importance to the health care of veterans and non-veterans alike.

In a career spanning more than 35 years, Dr. Moos has worked to improve the lives of veterans affected by substance abuse and/or psychiatric disorders. He currently serves as director of HSR&D's Center for Health Care Evaluation and the Program Evaluation and Resource Center.

Forum *is a Publication of the VA Office of Research & Developemnt, Health Services Research & Development Service, Management Decision and Research Center, in conjunction with the Association for Health Services Research.*