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Northwest Center for Outcomes Research in Older Adults: A VA HSR&D Center of Excellence

Veterans Affairs Puget Sound Health Care System (VAPSHCS)

Core Investigators

- Stephan D. Fihn, MD, MPH
Director
- Susan C. Hedrick, PhD
Associate Director
- David H. Au, MD, MS
- Katharine A. Bradley, MD, MPH
- Chris L. Bryson, MD, MS
- Edmund F. Chaney, PhD
- Michael K. Chapko, PhD
- Jason A. Dominitz, MD, MHS
- Vincent S. Fan, MD, MPH
- Daniel R. Kivlahan, PhD
- Chuan-Fen Liu, PhD
- Charles C. Maynard, PhD
- Gayle E. Reiber, MPH, PhD
- Kevin L. Sloan, MD
- Bevan Yueh, MD, MPH
- Andrew Zhou, PhD

HSR&D Collaborates with VA National Hepatitis Program

The prevalence of Hepatitis C virus (HCV) is estimated to be 1.6% in the United States, affecting approximately 4.1 million individuals nationwide. The prevalence in the VA is estimated to be more than three times higher at 5.4%, with intravenous drug use being the primary risk factor. The long-term consequences of HCV are serious. It can progress to cirrhosis, which can result in hepatocellular carcinoma, liver transplant, and death. While pegylated interferon plus ribavirin is potentially curative in over half of patients treated, it has several drawbacks: serious side effects including fatigue, depression, and anemia; it is expensive; and the duration of therapy is long (24 to 48 weeks).

Prevalence. In 2005, Dr. Dominitz published a paper establishing the HCV prevalence in veterans who use the VA at 5.4%.¹ This study was conducted under the auspices of the NW Epidemiology Research and Information Center and was based upon a random sample of veterans selected from 20 randomly selected VA medical facilities.



Jason Dominitz

Prior reports of HCV prevalence in the VA had ranged from 7% to 25%, but were based upon weak sampling designs. Injection drug use was found to be the primary risk factor, with a 52.5% prevalence of HCV infection in those reporting ever injecting illicit drugs. With adjustment for injection drug use in a logistic regression model, tattoos and incarceration were also significant predictors of past exposure to HCV.

Incidence. Dr. Sloan took the lead on a study to determine if veterans are currently being exposed to HCV.² Most clinicians have assumed that most veterans were exposed to HCV many years ago and that few, if any, patients are new cases. To answer this question, the VISN 20 Data Warehouse was used to identify 11,265 patients who had

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In response, the VA has established four Hepatitis C Resource Centers (HCRC), one of which is located in the Northwest (Seattle and Portland). The HCRC's mission is to develop and disseminate throughout the VA the best practices for HCV screening, testing, treatment, and prevention. Drs. Jason Dominitz, Michael Chapko, and Kevin Sloan are respectively Director, Associate Director, and Member of the Northwest HCRC in addition to their roles as investigators at the NW HSR&D Center of Excellence. These dual roles allow them to apply health services methods to a pressing set of issues faced by the VA in the delivery of HCV-related services. This article will outline several of their recent and future HCV-related projects.

"Soul Catcher," a Northwest Coast Indian symbol used to ward off spirits that brought physical or mental illness

Marvin Oliver, artist



Featured Research

Hepatitis C Facts

Unlike Hepatitis A and B, there is no vaccine for Hepatitis C.

Hepatitis C is the most common chronic blood-borne infection in the U.S.

Of the estimated 4.1 million Americans infected with Hepatitis C, 80% have no signs or symptoms.

In contrast to most other types of hepatitis, more than 80% of hepatitis C infections become chronic.

Hepatitis C infects 4 times more Americans than HIV.

90 % of those infected with Hepatitis C will show antibodies within three months of exposure.

The number of Hepatitis C-related deaths is expected to triple in the next several decades, from 8,000-10,000 today.

The number of new infections per year has declined from an average of 240,000 in the 1980s to about 35,000 today.

A blood test to detect Hepatitis C was not developed until 1990. Until then, this disease was known as “non-A, non-B Hepatitis” because patients tested negative for both of these diseases.

Visit the VA National Hepatitis C Program’s web site at:

<http://www.hepatitis.va.gov/vahcp?page=home-00-00>

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received two or more tests for HCV since 1994 and tested negative on at least their first test. Of these patients, 251 tested positive on a subsequent test. This translated into an overall seroconversion rate of 0.6% per year. However, the seroconversion rate for individuals with drug use disorders was 2% per year, while subpopulations demonstrated even higher rates.



Michael Chapko

Testing. Because of the higher prevalence in veterans, the VA has an aggressive policy of screening and testing veterans for HCV, especially those at high risk. One frequently used testing strategy starts with an enzyme immunoassay (EIA) to determine if antibodies are present, indicating exposure. Those who test positive are then tested with recombinant immunoblot assays (RIBA), which are more expensive, to eliminate false positives. Reverse transcription polymerase chain reaction (PCR) is then used to determine if active virus still exists. Other sequences of these tests have also been suggested as more efficient strategies. Dr. Chapko took the lead conducting a decision analysis to determine which of nine strategies was best with regard to cost as well as sensitivity and specificity for detecting antibody and viral status.³ Parameters in the decision tree included antibody prevalence; proportion viremic; sensitivity, specificity, and cost of individual tests. The analysis indicated that when prevalence in the group being tested was estimated to be below 20%, a modified version of the strategy described above is the most cost-effective. When the estimated prevalence is 20% or above, starting with EIA and then using the PCR for those found to be antibody positive may be the most cost-effective strategy.

Use of Growth Factors During Antiviral Treatment. The current treatment for HCV consists of pegylated interferon (Peg-IFN) and ribavirin (RBV), which will permanently eliminate the virus in about 60% of patients.

Unfortunately, side effects, which include depression, anemia, and neutropenia, have resulted in the need to reduce doses or discontinue therapy in up to 30% of patients. The off-label use of growth factors—erythropoietin (EPO) for anemia and granulocyte-colony stimulating factor (G-CSF) for neutropenia—during HCV antiviral therapy has been advocated by some. Advocates argue that the use of growth factors will eliminate the need for dose reduction or discontinuation and thereby increase the likelihood of a cure. The downside is that growth factors can have adverse reactions and are quite expensive. Also, it is not clear what the true effect of dose reduction is on cure rates. To address this issue Drs. Chapko and Dominitz used decision analysis to conduct a cost-effectiveness analysis of growth factor use.⁴ The findings were tentative and mixed. G-CSF may be cost-effective for patients with genotype 1 HCV; EPO is probably not cost-effective for patients with genotype 2 or 3 HCV; no conclusion can be reached regarding the cost-effectiveness of EPO for patients with genotype 1 HCV or G-CSF for genotype 2/3 patients. This uncertainty is the result of poor data on the relationship between dose reduction and cure rates. Randomized trials are needed to firmly establish the relationship.



Kevin Sloan

African American Treatment Differences.

Dr. Dominitz, in collaboration with Dr. Christine Rousseau, an HSR&D Post-Doctoral Fellow, conducted a study to determine if there were differences between the percent of African Americans versus Caucasians who received HCV antiviral treatment.⁵ Using data from the VISN 20 Data Warehouse, the study determined that African Americans (14.6%) were significantly less likely than Caucasians (34.2%) to receive anti-viral therapy even after adjustment for demographic and medical characteristics including genotype. African Americans are more likely to have genotype 1 HCV and

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News and Notes

Congratulations to VA Portland for receiving a REAP award. Starting October 1 they will be operating as their own center, under the Co-Directership of **Linda Ganzini**, MD, MPH, and **David Hickam**, MD, MPH.

Sascha Dublin, MD, PhD, was selected as one of 37 participants to attend the National Institute on Aging's Summer Institute on Aging Research, a weeklong conference in July 2006 for emerging investigators interested in aging-related topics.

Stephan Fihn, MD, MPH, received the Exemplary Service Award, Department of Veterans Affairs 2005, which is the highest honor bestowed upon civilians by the VA. In May 2006 he received the Elnora M. Rhodes Service Award from the Society of General Internal Medicine.

Dan Kivlahan, PhD, was named a Fellow of the American Psychological Association "in recognition of outstanding and unusual contributions to the science and profession of psychology" through the Division on Addictions.

Christian Helfrich, PhD, completed his HSR&D fellowship and is now the Implementation Coordinator for IHD QUERI.

Anne Sales, MSN, PhD, has left for the University of Alberta in Edmonton, where she will be an Associate Professor in the Faculty of Nursing.

Matt Maciejewski, PhD, has moved to HSR&D at the VA in Durham, North Carolina. He is also an Associate Professor in the Division of Pharmaceutical Outcomes and Policy in the School of Pharmacy.

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antiviral treatment is less successful with genotype 1 HCV. The HCRC has started a patient navigator pilot program to reduce this racial difference in treatment rates.

The Future. Future health services-related projects being conducted in conjunction with the HCRC include: (a) a nationwide study to determine why fewer African American veterans receive HCV antiviral treatment, (b) a cost-effectiveness analysis of Hepatitis A and B virus vaccinations for veterans with HCV, and (c) a study to determine how the VA can best cope with the anticipated increase in demand when a more effective antiviral treatment regimen with fewer side effects becomes available.

¹ Dominitz JA, Boyko EJ, Koepsell TD, Heagerty PJ, Maynard C, Sporleder JL et al. Elevated prevalence of hepatitis C infection in

users of United States veterans medical centers. *Hepatology* 2005; 41(1):88-96.

² KL Sloan, MK Chapko, M Splan, JA Dominitz. Hepatitis C Seroconversion is Still Occurring in Veterans. Centers for Disease Control, National Viral Hepatitis Prevention Conference. Washington, D.C. December 5-9, 2005

³ Chapko MK, Sloan KL, Davison J, Dufour DR, Bankson DD, Rigsby M, Dominitz JA. Cost-Effectiveness of Testing Strategies for Chronic Hepatitis C. *American Journal of Gastroenterology*. 2005;100:607-615.

⁴ Chapko MK, Dominitz JA. Cost-Effectiveness of Growth Factors During Hepatitis C Antiviral Therapy. *Alimentary Pharmacology & Therapeutics*. 2006;24:1067-1077.

⁵ Rousseau C, Ioannou G, Todd-Stenberg JA, Sloan K, Dominitz J. Racial differences in the evaluation and treatment of Hepatitis C in veterans: a retrospective cohort study. Oral presentation: VA HSR&D Meeting, Washing-

Newly Funded Projects

AUDIT-C as a Scaled Marker for Health Risks in VA Medical Out-patients (IAC 05-206) Katharine Bradley, PI (2006-2009)

Impact of the DoD Paradigm Shift on VA Amputee Prosthetic Care (IRR 05-244) Gayle Reiber, PI (2006-2008)

Diabetic Foot Ulcer Treatment and Amputation Prevention in Non-Tertiary VA Care Facilities (RR&D 04485R) Gayle Reiber and Greg Raugi, Co-PIs (2006-2008)

Veteran Spotlight

National Veterans Wheelchair Games 2006

Cheering crowds greeted the 500 wheelchair athletes leading the annual Independence Day parade in Anchorage, AK. Athletes were in town for the 26th annual National Veterans Wheelchair Games and were invited to help lead the parade, with this year's theme being "The Price of Freedom." The Games were held July 3-8, 2006.

Twenty-seven athletes from VA Puget Sound competed in events this year according to Carrie Booker, Recreational Therapist at VA Puget Sound and the Coordinator and Coach of the Seattle team. Air rifle, archery, basketball, bowling, swimming, softball and weight lifting were among the events.

About a third of the athletes are first-time competitors. This year, one first timer was an 81-year-old World War II veteran. Many athletes come back each year, with several having competed in all 26 Games.

The Games are sponsored by the Department of Veterans Affairs and the Paralyzed Veterans of America.



“When people first get hurt, all they can see are their limitations, not what they can do. The Games opens their eyes to their possibilities.”

*—Steve Baxter,
participant
(pictured at left)*



*Photographs of athletes
from the Seattle team
courtesy of Carrie Booker*

Veteran Spotlight



“A lot of these guys are overwhelmed by travel; it’s great to see them master problem solving associated with travel and unfamiliar environments.”

*—Carrie Booker,
Recreational Therapist*



From the athletes—

“Even when my health is not good, I feel I can go to the Games and feel safe, secure, accepted, and pretty much normal.”

—Penny Gillett

“It has shown me that there’s a life after injury and has given me a family of people that I get to see once year. The camaraderie, the spirit, the positive energy—it’s all uplifting.”

—Dana Liesegang

“Everyone is equal at the Games. We don’t worry about who has done what—we are all here to compete and have a good time.”

—Darrell Wilson

“Any injured veteran will be surprised and uplifted by seeing they are not as bad off as they thought. They will be so proud of what they can do.”

—Susan Macauley

For more information go to www.wheelchairgames.org (above quotes are from this site).

Highlights from the Research Front

Demystifying the Project Coordinators

Nearly every research project has one, but who are these project coordinators (PCs)?

Laura Rabuck and **Jamie Leonard**, two PCs in HSR&D, shared their insights into what they do and why PCs are a valuable asset to any research project.

Laura Rabuck came to the VA in 2004 with a Master's degree in Public and International Affairs, and works with Dr. Andrew Zhou (on biostatistics projects) and with Dr. Ed Chaney (on studies about depression). She is an experienced hand at the diverse duties involved with research projects. She is responsible for human subjects applications and revisions, grant applications and manuscript preparation, completion of study forms and databases, and is the liaison between the VA and non-VA study team members on various projects. Training is paramount to keep study results consistent and valid.

Jamie Leonard started at the VA this spring and has a Master's degree in Public Health. She works with Dr. Bevan Yueh on head and neck cancer research projects. She has honed her research skills with the help of the support systems at the VA, which include computer training and the availability of a wide range of experts who work at the VA. Her duties include building an Access database for her project, recruiting patients, keeping up with human subjects forms and helping write up parts of grant applications. "The biggest advantage of working at the VA is access to experienced people and their willingness to be helpful," opines Jamie.

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Accurate analysis of veterans' health care costs requires a regression model that can resolve several cost data problems; those



problems are not fully accounted for in current parametric methods and may lead to biased estimates of veterans' health care costs and inappropriate inferences about the distribution of veterans' health care costs.

Using Health Economics Resource Center data, **Xiao-Hua Andrew Zhou**, PhD, is developing, testing, and validating new semi-parametric and nonparametric regression models for VA health care cost analysis that will provide a more accurate cost prediction. The new models are extensions of a standard generalized linear model (GLM) used in cost analysis literature. The new methods will provide the guidelines for model choices to help VA researchers draw proper and reliable inferences in cost or cost-effectiveness analyses. These results can then be used by VA administrators to accurately predict future health care costs and understand the variance of health care costs across different disease, demographic and geographical groups.

This year's AcademyHealth meeting was held in June in Seattle and it was well attended by HSR&D staff (it's nice to have a meeting within walking distance of the office!).

HSR&D Director **Stephan Fihn**, MD, MPH, chaired the session, "Managing Chronic Disease in the VA Integrated Health System," which was one of four sessions sponsored by the VA.

Domin Chan, PhC, received one of the Most Outstanding Abstracts awards for her research "Effectiveness and Cost-Effectiveness of Collaborative Care Depression Treatment in Veterans who Screen Positive for PTSD in Primary Care."

The Creating HealthVet Informatics Applications for Collaborative Care (CHIACC) team (**Edmund Chaney**, PhD, and **Laura Bonner**, PhD, from this center) received the Distinguished Poster Award at the American Medical Informatics Association meeting in April 2006. Their poster was entitled, "Composition of Information Systems to Support Collaborative Care of Chronic Illness."

Carol Achtmeyer, MN, ARNP, **Emily Williams**, MPH, **Dan Kivlahan**, PhD, and **Kathy Bradley**, MD, MPH, received the "Best in Category" award from VHA eHealth University in July 2006. Their poster was entitled, "Use of Clinical Reminders as Quality Improvement and Research Tools: Lessons learned from the ADVICE Trial."



Carol Achtmeyer

Xiao-Hua Andrew Zhou is the founder and current president of the VA Statisticians' Association (VASA) formed in 2005 in order to improve communication, networking, and interaction among statisticians within the VA. They met at the February 2006 HSR&D meeting, and contributed a special session, "Statistical Issues in Veterans' Administration (VA) Health Services Research," at the August 2006 American Statistical Association meeting. For more about VASA see http://www.hsrd.research.va.gov/for_researchers/vasa/

Highlights from the Research Front

Working with **IRBs** is a big component of research endeavors. Several articles related to IRBs have been published online recently that may be of interest to Health Services researchers.

“The Ethics of using QI methods to Improve Health Care Quality and Safety,” published by The Hastings Center, proposes to develop guidance on ethical oversight of research and compliance with human subjects regulations.

It can be found at:
www.thehastingscenter.org

“Improving the System for Protecting Human Subjects: Counteracting IRB ‘Mission Creep’ ” was developed out of a conference held at the University of Illinois. Their white paper makes recommendations to enhance the functioning of internal review boards. The paper can be found at:
www.law.uiuc.edu/conferences/whitepaper

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JL: For longer than I’ve been alive, you’ve been getting up in the morning and building your career. Can you speak about your motivations? What kind of fuel do you use?

EC: Originally, I pursued my graduate degree in clinical psychology because of practicality, not so much to save the world [grins]. Later, though, I became interested in why health systems work the way they do – can they be made better from a treatment point of view? I was motivated by an interest in what people have to say, probably much like a cultural anthropologist. I liked learning about new modes of living. I also enjoyed the activity of research, the “scientific endeavor,” in much the same way I did with chemistry. At this point, I feel that being part of team activity is particularly rewarding. I enjoy working with and supervising the post-docs.

JL: You’ve been with the VA for a long time. What advantages does working for the VA offer? Challenges?

EC: In the 30+ years I’ve been with the VA, I’ve had several roles, from research assistant to psych tech to PhD. I think a great thing about working here is the relationship between the VA and UW. The professionalism in that affiliation is very important. It’s interesting that the VA is the nation’s largest HMO. The structure is very interesting, as is the fact that political currents in the VA influence the delivery of care and research. I also have a high tolerance for bureaucracy [grins broadly]. I’m currently involved in the IRB as co-chair and am intrigued by the interface between ethical standards and rules. The rules must be interpreted in some sort of context, so how can we make these fit together effectively? This is a very interesting question.

JL: What are some of your other interests?

EC: I like hiking and rafting. I’m also interested in house-building, including electrical work, carpentry, and plumbing. Plus, I recently traveled to Africa, spending most of my time in Namibia and Zambia and passing through South Africa, Botswana, and Zimbabwe.

JL: You have been described as “so incredibly cool” by your co-workers. Comments?

EC: [blushes] ... I think I’m a pretty laid-back individual. I like to facilitate groups working well together. I like to keep things low-key.

The biggest challenge as a project coordinator for Laura is “keeping up with the ever changing regulations and transmitting these changes to everyone who needs to follow them,” and for Jamie, “remembering all my new passwords and trying to decipher



Jamie (l) and Laura (r) discuss the finer points of building an Access database

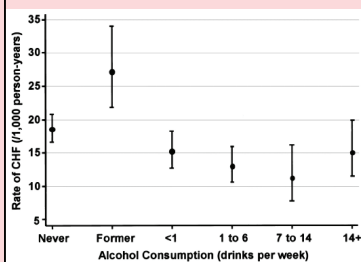
the VA acronyms.” Project coordinators handle a diverse set of problems every day and must be able to multitask with ease. The bottom line is that if you have a question about a research project, ask the project coordinators—their fingers are on the pulse of the study!

[Editor’s note: Check out the VA’s searchable acronym database at <http://vaww1.va.gov/med/acronyms/acronym.cfm>.]

Recent Publications

“We wanted to find a tool that could be used in clinical trials as well as clinical care.”

The adjusted risk rate of CHF was lower among subjects who reported consuming 1 to 6 drinks per week compared to abstainers.



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Recent Publications

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Obesity is linked to disability and poor health outcomes.

Percent of veterans who use the VA who are obese: 27.7%

Percent of veterans who do not use the VA who are obese: 23.9%

Table 3. Risk Factors, Disability, and Unhealthy Lifestyles Among Veterans Who Utilize the VA, n=6,338

	Normal n=1,823 (%)	Overweight n=2,818 (%)	Obese n=1,697 (%)
Comorbid conditions			
Hypertension	47.1	54.5	65.8*
Dyslipidemia	49.3	50.8	56.7
Diabetes	14.1	18.1	31.3*
Arthritis	48.4	50.0	57.0*
Coronary heart disease	23.7	25.6	26.6
Current smoker	31.4	20.8	29.9†
Health status			
Excellent	12.3	13.7	6.5*
Very good	23.5	23.5	19.1
Good	30.9	33.3	35.2
Fair	20.3	20.2	24.1
Poor	13.0	9.3	15.1
Activities limited by health problems	40.8	37.5	47.3*
Require special medical equipment	18.6	16.1	26.7*
14+ d/past month of poor physical health	21.3	19.5	27.2†
14+ d/past month of poor mental health	11.8	11.7	16.2†
14+ d/past month health-restricted activities	19.3	15.3	27.8*
Met recommendations for physical activity†	43.2	45.9	37.3*
Insufficient physical activity			
Insufficient physical activity	35.9	33.9	35.3
No physical activity	20.9	20.2	27.4
> 5 or more fruits and vegetables/d	24.3	19.5	19.2†

* χ^2 , P<.001. †P<.05. ‡20+ minutes/day of vigorous physical activity, 3+ days/week, or 30+ minutes/day of moderate physical activity, 5+ days/week.

A new model for capturing mental health visits and costs was developed using 46 groups of ICD-9 codes.

Fellows' Profiles

In 2007 HSR&D will celebrate its 25th anniversary!

During our first year in 1982...

- ◆ Ronald Reagan was president
- ◆ Israel invaded Lebanon
- ◆ Michael Jackson's "Thriller" album was released
- ◆ On TV we were watching Dallas, Dynasty, The Love Boat and The A-Team
- ◆ The first CD players were introduced, and Time magazine gave its Man of the Year award to a computer
- ◆ The Vietnam Veterans Memorial was dedicated
- ◆ Barney Clark lived 112 days with an artificial heart, and the FDA approved the first commercial product of genetic engineering—human insulin produced by bacteria
- ◆ Seattle was officially nicknamed "The Emerald City" after a contest to choose a city slogan

...and **Dr. Stephen Fihn** joined the VA

Watch for more on our 25th anniversary in our next few issues!

Judy Zerzan, MD, MPH, is a general internist with medical training from Oregon and Health Sciences University and a Master's degree in Public Health from the University of North Carolina. Dr. Zerzan just finished fellowship training with the Robert Wood Johnson (RWJ) Clinical Scholars Program at the University of Washington /VA Puget Sound Health Care System, after having left

OHSU. While in Oregon, she worked with Oregon's Office for Health Policy and Research on the Drug Effectiveness Review Project and studying Oregon's Medically Needy population. Her research interests include pharmaceutical policy and the effects of policy change on medication use and health outcomes, particularly for vulnerable populations and Medicaid.

During her RWJ program, she's been working on two main projects regarding pharmaceutical policy and Medicaid populations. The first examines the increased use of opiates and variation in prescribing patterns between states and over time for all 50 states' fee-for-service Medicaid populations. The current step in this project is examining the effects of state policy changes in prescribing patterns and variations. Her second project is looking at dementia medication use in Washington State nursing homes. She will continue work on these projects as well as get involved in VA studies during the coming year. Next summer she will start as an Assistant Professor at the University of Colorado in the Division of General Internal Medicine and the Division of Health Policy and Research. Judy is a native Oregonian who enjoys hiking, biking, reading and spending time with her family which includes two dogs and a parrot. She and her partner, Beth, enjoy traveling, and in the last few years have been to Tokyo, Singapore, Mexico City, Costa Rica, Greece, and most recently to Egypt.



Nic Compton, MD, was born and raised in Havre, MT, and earned his BS at Montana State University in Bozeman.

After six months working as a substitute teacher in Boise he entered medical school at the University of Washington. He recently completed his Internal Medicine residency at UW where he was chief resident. His main interest is in dermatology, and he will be starting his Dermatology residency in July 2007 at UW. His research interests focus on teledermatology and how it can improve access to dermatologists.



Lisa Williams, MD, was born and raised in Mobile, Alabama. She obtained her undergraduate degree in biology at Samford University and her medical degree at the University of Alabama School of Medicine, both in Birmingham, Alabama. She moved to Seattle five years ago for her residency in Internal Medicine at the University of Washington. After completion of this residency, she continued at the University of Washington for training in dermatology. Now in her third year of Dermatology residency, she is beginning a two-year research fellowship under mentors Gayle Reiber and Greg Raugi. While working toward a Master's degree in Health Services, she will investigate the relationship between depression and incident amputation in patients with diabetes, collaborating with the Psychiatric Health Services research group at Group Health Cooperative in Seattle. In her spare time, Lisa enjoys traveling, hiking, karate, and hanging out with her husband, Ashley, and their two crazy pugs, Emma and Claire.



Lisa and her husband, Ashley, "skiing"

Fellows' Profiles

Michelle D. Seelig, MD, MSHS, recently completed a National Institutes of Health funded research fellowship at the University of California, Los Angeles and a Master's degree in Health Services. Seelig is currently



a VA Special Fellow in Health Issues of Women Veterans. She completed the first year

of her fellowship at the Center for the Study of Healthcare Provider Behavior in Los Angeles, a VA HSR&D Center of Excellence, under the mentorship of Drs. Lisa Rubenstein, Elizabeth Yano, and Lisa Altman. Seelig completed her residency training in family medicine at the University of Pennsylvania in Philadelphia. She earned her medical degree from Mount Sinai School of Medicine in New York and her BA from Wesleyan University in Connecticut.

Seelig's research interests include the role of collaboration between specialty and primary care physicians in improving quality of care and gender disparities in health care and quality. She recently designed a provider survey to be fielded this fall as part of the ReTIDES (Translating Initiatives for Depression into Effective Solutions) intervention designed by Drs. Ed Chaney and Lisa Rubenstein.

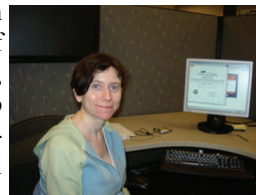
In the area of gender disparities, she recently conducted a study using data from the VHA Survey of Women Veterans Health Programs and Practices that was originally developed by Dr. Elizabeth Yano, Associate Director of the VA Greater Los Angeles HSR&D Center of Excellence. This project analyzed the availability of gynecologic services within the VA and focused on the relative importance of delivery system arrangements and staffing.

Seelig plans to analyze the data that will be collected using her collaboration instrument. In addition, she is seeking to collaborate with

other investigators who may be interested in using her instrument to explore the primary care-specialist interface around medical conditions other than depression. She also intends to continue working with data from the VHA Survey of Women Veterans Health Programs and Practices to examine and report on health issues pertinent to women veterans.

Originally a native of the Seattle area, she is excited to return home. She relocated with her husband, Danny Lipson, and their son, Alex Lipson (20 months old) and is looking forward to spending time with her parents and her sister.

Annemarie Dooley, MD, initially trained as a software engineer at Trinity College Dublin in Dublin, Ireland. She then moved to Santa Monica, California, to work as a senior architect on the design of data communications software for fiber-optic networks. While working in the United States, her interests turned to medicine. After receiving her medical education from the University of California, Davis, she moved north to Seattle for her residency in internal medicine at the University of Washington. Following residency, she completed a two-year fellowship in nephrology. During this time she began her research training in epidemiology at the UW School of Public Health.



Dooley's research interests are centered on the study of outcomes related to bone and chronic kidney disease among VA patients. Recently she completed a study that found an increase in the incidence of hip fracture in veterans with early forms of kidney disease. After completing her MS at the end of the year, she hopes to focus on the relationship between altered bone metabolism and cardiovascular disease in the same population.

HSR&D Northwest Center of Excellence Mission Statement

I.
To conduct research that addresses important health care problems and is of the highest scientific rigor.

II.
To provide high caliber training in health services research.

III.
To maintain collaborative ties with neighboring research institutions.

IV.
To provide prompt and useful assistance in response to requests from the VA Puget Sound Health Care System, Seattle and VA Headquarters.

V.
To maintain a balanced mix of funding support from multiple sources.

Investigator Profile

Staff Assistant **Jared LeClerc** sat down with **Edmund Chaney**, PhD, one of the core investigators at the NW Center of Excellence, and found out about Ed's early interest in chemistry, his inspirations and motivations, and how he became such a cool PI.

Jared LeClerc: [looking at Dr. Chaney's CV] I see you went to Haverford College for undergrad. Are you from out east?

Edmund Chaney: No. I grew up in Southern California, in the San Fernando Valley, and I spent many summers in Oregon. I went to Haverford College in Pennsylvania for a BA in psychology, and then I came to Washington to do my dissertation at UW in clinical psychology.

JL: Did you have an early interest in psychology? How did this all come together?

EC: In high school, I wanted to be a chemist. It's amusing to think about now -- I encountered organic chemistry, and it encountered me [laughs]. Then, in college, I began studying psychology and found it more fun. I was particularly impressed by some of my professors at Haverford and by a seminar given by Noam Chomsky. I started to feel that psychology sounded pretty neat.

For two years I worked at the Philadelphia State Mental Hospital in the era of trying to move long-term psychiatric patients out into the community. Next, I went to UW, and Alan Marlatt and I worked together on my dissertation on alcohol skills training with the inpatient alcohol unit at the VA. I worked several years at the VA doing substance abuse treatment and then running neuropsychological assessment and biofeedback treatment clinics. After that, I did research on chronic pain management, studying a "whole-person" approach to self-management. I then shifted to primary care, doing evaluation and some individual follow-up. I became interested in depression, as it is the most common problem in primary care.

JL: Describe the progression of your research interests.

EC: My research interests have been pretty consistent with what I do clinically. Currently, my primary research interests are in improving behavioral treatments for chronic illnesses. My research activities involve translation research, specifically, studying implementation, spread and sustainability of improved depression care using an evidence-based collaborative care model (known by the acronym TIDES). Other related research includes the Well-being Among Veterans Enhancement Study (WAVES), a three-year site-randomized outcome study of TIDES across nine sites in three VA Networks, now in the analysis and publication phase; Regional TIDES, a large three-year project with the primary goal of preparing the VA to institute a collaborative care model for depression nationally; and Creating HealthVet Applications for Collaborative Care (CHIACC), a two-year project to help improve VA Computerized Patient Record System functionality to better support collaborative care for depression, schizophrenia and other chronic illnesses.



Affiliate Investigators

Bradley Anawalt, MD
Edward Boyko, MD, MPH
Paula Diehr, PhD
Barry Goldstein, MD, PhD
Kenric Hammond, MD
Margaret Hammond, MD
Karin Nelson, MD
Bonnie Steele, PhD, RN
Bessie Young, MD

Core Staff

Jane Summerfield
Administrative Officer
Shannon Grimm, Emily Hart,
Monica Hayes, Jared LeClerc
Staff Assistants
Greg Gilbo
IT Systems Specialist
Dwight Calvert
Computer Technician
Michael Donahue
IRB Coordinator
Jeff Todd-Stenberg
HSR&D Data Manager

Editorial Staff

Michael Donahue
Jane Emens
Jared LeClerc
Lynne McFarland

Contact Information

HSR&D Center of Excellence
1100 Olive Way, Suite 1400
Seattle, WA 98101
Telephone: (206) 764-2430
Fax: (206) 764-2935

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Center of Excellence
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