

HSR&D Research Briefs

Translating
Research
into Practice

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HSR&D National Meeting 2006

HSR&D's 24th National Meeting is scheduled for February 15–17, 2006, at the Hyatt Regency Crystal City in Arlington, VA.

The meeting will be hosted by HSR&D's Center for Health Equity Research and Promotion (CHERP), based at the VA Pittsburgh Healthcare System and the Philadelphia VA Medical Center, and is centered around the theme "Implementing Equity: Making Research Work for Diverse Veteran Populations." It will feature over 180 impressive oral, poster, and workshop presentations of competitively selected HSR&D research as well as talks by invited guest speakers. Dr. Jonathan Perlin, VA's Under Secretary for Health, has been invited to present the Under Secretary's Award for Outstanding Achievement in Health Services Research and Timothy G. Evans, PhD, MD, Assistant Director-General for Evidence and Information for Policy with the World Health Organization will provide a keynote talk.

As in past years, a proposal development workshop will be offered on February 15. It is intended to benefit any new investigators who need guidance on creating a proposal that invites serious consideration for funding by public and private granting agencies. It will also be helpful to more seasoned investigators who want to hone their skills. There will also be a number of special topic breakfast sessions and ample opportunity for networking and collaboration.

An invitation-only meeting for VA clinician and non-clinician career development awardees will be held on February 15 as well. This year's career development meeting theme is "Making the Most of Your Career Development Award: Turning Research into Policy and Practice." Events will include feature presentations by several awardees, a panel discussion focusing on opportunities for translating research into policy and practice, and an introduction to selected key negotiation skills that can help investigators gain the most from their award support. Second-year awardees will also be on hand to highlight their research progress in a poster session that day.

For the HSR&D National Meeting agenda as well as registration details, please visit www.hsr.d.research.va.gov/about/national_meeting/2006.

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New QUERI Addresses Polytrauma and Blast-Related Injuries

HSR&D and the Rehabilitation Research & Development Service (RR&D) are co-sponsoring a new Quality Enhancement Research Initiative (QUERI) Coordinating Center for the Implementation of Practices in Polytrauma and Blast-Related Injuries (PT/BRI). Officially launched on October 1, the new PT/BRI-QUERI is a collaborative endeavor involving four VA Polytrauma Lead Centers located in Minneapolis, MN, Tampa, FL, Palo Alto, CA, and Richmond, VA. The nature of modern warfare has changed. There are new causes of injury, improvements in body armor and surgical stabilization at the front-line of combat, and more war-wounded are returning with complex, multiple injuries such as amputations, brain injuries, and psychological adjustment problems. Moreover, improvised explosive devices, blasts (high pressure waves), landmines, and explosive fragments now account for the majority of combat injuries. Blast-related injuries are often “polytraumatic,” meaning they result in injury and/or impairment to more than one body system or organ, and often require complex rehabilitation. The new PT/BRI-QUERI will help identify and implement evidence-based practices for these new

challenges to the health and health care of veterans. This initiative also will focus on managing the transition of health care for veterans from the Department of Defense (DoD) to VA, and from facility-based to community-based care.

The Research Coordinator for PT/BRI-QUERI is Nina Sayer, PhD (Minneapolis), and the Co-Clinical Coordinators are Barbara Sigford, MD, PhD (Minneapolis), and Steven Scott, DO (Tampa). For more information about this new QUERI, please visit www.hsr.d.research.va.gov/research/queri.

HERC to Support QUERI Economics Research

HSR&D has funded a three-year project through the Health Economics Resource Center (HERC) to enhance the scope and quality of Quality Enhancement Research Initiative (QUERI) economic research. The project will teach economic methods, give support and guidance to researchers, and sharpen methods for building managerial support for implementation.

The principal objective of QUERI is to identify and implement interventions that will improve the quality of healthcare for veterans. To move from a local project to regional or national implementation requires approval from managers at several levels. Clinical effectiveness is paramount in their decision-making, but budget constraints force managers to weigh clinical benefits against increased costs.

As the QUERI program expands and multi-site implementation projects become more common, there is a greater need for sound research on the costs of new interventions. Managers need to know whether the increase in the quality of care provided by new interventions is significant enough to justify the increased cost needed to carry them out. As a national HSR&D resource center, HERC already provides a Help Desk, guidebooks and technical reports, and more than two dozen seminars each year. The new project will enable HERC to provide additional services to QUERI investigators. Training will be a key element. HERC will survey QUERI researchers to determine their needs and

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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interests and results will guide the adaptation or development of cyberseminars, technical reports, and guidebooks.

HERC has already developed guidelines for proposing economic analysis within implementation research that are different from traditional guidelines in several ways. For example, while a standard cost-effectiveness analysis has a very long time horizon, VA managers must make annual budget decisions. An intervention with front-loaded costs may look attractive over a 20-year timeframe but too costly over one to two years. And while standard analyses value costs paid by all sources, VA managers are concerned primarily with VA costs. Therefore, the guidelines emphasize the need to perform analyses from the VA manager's perspective. HERC will also develop guidance on how to present cost analyses in a manner persuasive to VA leaders.

To learn more about HERC and this project, visit the HERC website at www.herc.research.med.va.gov or contact Mark Smith at mark.smith9@va.gov.

Tampa VHA Patient Safety Director Honored

Audrey Nelson, PhD, RN, FAAN, director of the Veterans Health Administration's (VHA) Patient Safety Center of Inquiry in Tampa, FL, has been awarded the prestigious John M. Eisenberg Patient Safety and Quality Award for 2005 in the category of individual achievement. Established in memory of John M. Eisenberg, MD, former Director of the Agency for Healthcare Research and Quality, this award recognizes the achievements of individuals and organizations that have made important contributions to patient safety and healthcare quality.



Audrey Nelson, PhD, RN, FAAN

Dr. Nelson received the award in recognition of her research dedicated to improving the quality of care delivered to people with disabilities. In addition to her role as director of the Patient Safety Center, Dr. Nelson serves as the associate director for research

for nursing at the University of South Florida, and is an accomplished health services researcher. As a Health Services Research & Development Service (HSR&D) investigator, Dr. Nelson's research has focused on safe patient mobility for the disabled.

The Eisenberg Award was presented to Dr. Nelson during the National Quality Forum's Annual Membership Meeting on October 6th, in Washington, D.C. The December 2005 issue of the *Joint Commission Journal on Quality and Safety* also features the achievements of this year's Eisenberg award recipients.

Cyber Seminars Forge Ahead

In 2005, HSR&D launched its cyber seminar program and began bringing key HSR&D information right to the user's computer. Facilitated by the Center for Information Dissemination & Education Resources (CIDER), HSR&D cyber seminars use state-of-the-art web conferencing technologies, enabling geographically dispersed participants to share information and benefit from interactive demonstration of tools, techniques, products, and solutions to some of the critical challenges facing HSR&D researchers.

Recent seminar topics included demonstrating a software application for modeling medical decision-making, conducting cost-effectiveness analysis, and using VA-Medicare datasets. The popular 15 session course "An Introduction to Health Economics" presented by the Health Economics Resource Center (HERC) is being updated and will be offered again in 2006. Other upcoming presentations will include information-rich sessions on accessing and using VA's data resources, presented by the VA Information Resource Center (VIREC), and tutorials in measurement theory and instruments developed by the Measurement Excellence and Training Resource Information Center (METRIC).

Email alerts

To receive email alerts as new offerings are added to the 2006 calendar send an email to CIDER.boston@va.gov or visit www.hsrd.research.va.gov/for_researchers/cyber_seminars/ to view the course schedule, register for an upcoming seminar, or access on-demand seminar archives.



Getting Published?

When you have an article accepted for publication, please let us know. An HSR&D funding requirement, early notification allows us to prepare briefing materials for VA leadership and plan for other dissemination of your research findings. Send an email to vhaohsrd@va.gov and research.publications@va.gov and include the following information:

- Name of the journal publishing the article
- Anticipated publication date
- Funding source (if the research was HSR&D funded, include the project number)
- Attach a copy of the accepted manuscript
- Details of any anticipated press or publicity about the article and include press releases, if any
- Information regarding embargoes put in place by the journal(s), if any

Once your article is published, we'll include its citation in HSR&D's online citation database, and highlight important findings in a variety of print and electronic publications. Visit the HSR&D web site at www.hsr.d.research.va.gov/publications/citations to view HSR&D citations.

Patient Treatment Adherence Book Published

HSR&D investigators, Drs. Hayden Bosworth, Eugene Oddone, and Morris Weinberger are editors of a new book titled, *Patient Treatment Adherence*.

The book is a comprehensive source on the conceptualization, interventions, and measurement of adherence to medical treatment, and provides a synthesis of the research across chronic diseases. The book also presents models that have been used to improve adherence with specific behaviors, such as exercise, diet, rehabilitation, medication, and psychological therapies for mental illness, including depression.

Drs. Bosworth, Oddone, and Weinberger are part of HSR&D's Center for Health Services Research

in Primary Care in Durham, NC, which works to enhance the delivery, quality, and efficiency of primary care for veterans. Research topics studied by center investigators include ambulatory care, women's health, geriatrics, and the epidemiology of chronic disease.

For additional information about *Patient Treatment Adherence* and how to order, visit the publisher's website at www.erlbaum.com/shop/tek9.asp?pg=products&specific=0-8058-4833-9.

Online Journal Available In Early 2006

Implementation Science is a new online, open-access journal published through BioMed Central. It will complement existing journals serving the healthcare quality improvement (QI) and implementation fields by focusing on research examining methods to accelerate the implementation of evidence-based clinical practices in routine healthcare settings. The publication aims to become an important communication tool for implementation researchers, while also providing content useful to QI practitioners, healthcare managers, and others. As an online journal, *Implementation Science* will offer a rapid publication schedule while maintaining a rigorous peer review process.

The need for a journal focusing on the science of implementation became clear as implementation researchers, including those from VA's Quality Enhancement Research Initiative (QUERI), recognized that communication challenges and a lack of dedicated conferences and journals in their field made it difficult to exchange scientific information about implementation research. The journal is expected to bridge the full range of perspectives comprising implementation research by attracting authors and readers from various disciplines, including evidence-based medicine, knowledge utilization, social science, and management perspectives on QI and healthcare practice change.

The journal's planning group included 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.

Implementation Science will begin publication in early 2006. To read more or to submit articles, please visit www.implementationscience.com. QUERI and other HSR&D investigators interested in contributing to the editorial process should contact Dr. Brian Mittman at brian.mittman@va.gov.

Research Highlights

Individuals Who Participate in Alcoholics Anonymous Along With Treatment Are More Likely to Achieve Remission

Several studies have shown that participation in Alcoholics Anonymous (AA) is associated with better alcohol-related and psychosocial outcomes among individuals with alcohol use disorders. However, most of these studies focused on individuals who participated in AA during or immediately after treatment, so little is known about those who initially choose to participate only in AA, or of how timing of entry into AA and treatment affects alcohol-related outcomes. A recent study found that individuals who enter treatment for alcohol use disorders in the first year after seeking help, in addition to participating in AA, were more likely to achieve remission than those who entered AA later or not at all.

Participants were surveyed at baseline, one year, three years, eight years, and 16 years, and were divided into three groups based on their first-year treatment selection: AA only, treatment along with AA, or treatment only. At each contact point, individuals described their participation in AA and treatment, as well as their current alcohol-related functioning. They also described their reasons for entering AA and/or treatment and the perceived benefits of these sources of help. Findings show that early entry into AA and treatment achieved the best outcomes. Also, over the 16-year follow-up, a longer duration of participation in AA was associated with a higher likelihood of remission.

Moos RH, Moos BS. *Paths of Entry into Alcoholics Anonymous: Consequences for Participation and Remission*. *Alcoholism: Clinical & Experimental Research* 2005 October; 29(10):1858-68.

Implantable Cardioverter-Defibrillators Prove Cost-Effective in Preventing Sudden Death Among High-Risk Patients

The implantable cardioverter-defibrillator (ICD) can correct episodes of serious heartbeat irregularities, thus preventing death. Several trials have shown that ICDs significantly reduce overall mortality, but given their substantial cost, the economic effect must be evaluated. This study assessed the cost-effectiveness of ICDs in patients who participated in eight randomized trials on the prophylactic use of ICDs. Investigators used a decision model to estimate costs, survival, and quality of life among patients who received either an ICD for the primary prevention of sudden death from cardiac causes or control therapy. For patients in six of eight trials analyzed, the use of an ICD reduced the risk of sudden death and was projected to add between 1.01 and 2.99 quality-adjusted life years (QALY) and between \$68,300 and \$101,500 in cost.

Sanders G, Hlatky M, Owens D. *Cost-Effectiveness of Implantable Cardioverter-Defibrillators in Preventing Sudden Death*. *New England Journal of Medicine* 2005 October 6;353(14):1471-80.

VHA RNs Express More Satisfaction with Their Jobs and Work Environment Compared to Non-VA Nursing Personnel

This cross-sectional, observational study assessed the characteristics and perceptions of nurses working in the VHA, comparing various nursing personnel, including registered nurses (RNs), practical or vocational nurses (LPNs), and a broad group of nursing personnel such as nurse aides or unlicensed assistive personnel (UAP). Study investigators administered a mailed survey to all nursing personnel in 125 VA medical centers between February and June 2003. Focusing on questions related to practice environment and job satisfaction, investigators compared RN responses among different types of nursing personnel within VHA, and also compared RN responses from the International Hospital Outcomes Consortium (IHOC) survey with RN responses from the VHA survey. Among the three types of nursing

personnel within VHA, RNs appear to be the least satisfied and may have a less positive perception of their practice environment. However, VHA RNs are more satisfied, overall, than non-VHA RNs who participated in the IHOC survey. Within VHA, UAPs appear to be the most satisfied.

Sales A, Sharp N, Li Y, et al. *Nurse Staffing and Patient Outcomes in Veterans Affairs Hospitals*. Journal of Nursing Administration 2005 October; 35(10):459-56.

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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. (*Only awardees with funding start dates that have been confirmed since the last issue of Research Briefs are listed here*). For more

information about this program and for awardee biosketches, visit the HSR&D web site at www.hsrd.research.va.gov/for_researchers/professional_development.

Matthew J. Bair, MD
Indianapolis VAMC
Improving Pain Management in Primary Care

Deborah Fisher, MD
Durham VAMC
Multilevel Barriers Influencing Colorectal Cancer Prevention and Detection

Henry K. Yaggi, MD, MPH
VA Connecticut Health Care System
Race, Sleep Apnea, and Risk of Cardiovascular Outcomes

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.hsrd.research.va.gov/research).

INVESTIGATOR-INITIATED RESEARCH

Amputation Related Trends, Health Care Use and Outcomes in Veterans

Chin-Lin Tseng, DrPH
VA New Jersey Health Care System
Funding Period: July 2005 – December 2007

Antibiotic Use, Resistance and Clostridium Difficile-Associated Diarrhea

Jorge P. Parada, MD, MPH
Hines VAMC
Funding Period: September 2005 – August 2007

**Assessing and Addressing Patient Colorectal Cancer Screening Barriers**

Melissa Partin, PhD

Minneapolis VAMC

Funding Period: July 2005 – December 2008

Behavioral/Pharmacological Telemedicine Intervention for BP Control

Hayden Bosworth, PhD

Durham VAMC

Funding Period: August 2005 – September 2008

Effect of Self-Management on Improving Sleep Apnea Outcomes

Carl J. Stepnowsky, PhD

VA San Diego Health Care System

Funding Period: October 2005 – September 2009

Effectiveness of Anti-Epileptic Drugs for Older Veterans: Old and New Drugs

Mary Jo Pugh, PhD

VA South Texas Health Care System

Funding Period: July 2005 – June 2008

Evaluation of a Cardiac Nurse Practitioner Palliative Care Program

Faith Hopp, PhD

VA Ann Arbor Health Care System

Funding Period: September 2005 – February 2010

Implementing Symptoms Assessment into Clinical HIV Care

Joseph M. Mrus, MD, MSc

Cincinnati VAMC

Funding Period: October 2005 – December 2006

Improving Safety Culture and Outcomes in VA Hospitals

David M. Gaba, MD

VA Palo Alto Health Care System

Funding Period: July 2005 – June 2008

Improving the Treatment of Chronic Pain in Primary Care

Steven K. Dobscha, MD

Portland VAMC

Funding Period: September 2005 – November 2009

Insulin Treatment Variation in Southwestern Diabetics: Therapeutic Decision-Making

M. Jane Mohler, MPH, PhD

Southern Arizona VA Health Care System

Funding Period: May 2005 – April 2008

Intervention to Improve Care at Life's End in VA Medical Centers

Kathryn L. Burgio, PhD

Birmingham VAMC

Funding Period: July 2005 – June 2010

Joint Replacement Disparity: Communication and Decision-Making Factors

Said A. Ibrahim, MD, MPH

VA Pittsburgh Health Care System

Funding Period: September 2005 – August 2008

Manifestations, Causes and Consequences of PECU in Elderly TCU Residents

Dennis H. Sullivan, MD

Central Arkansas Veterans Health Care System

Funding Period: September 2005 – October 2010

Quality of Care and Outcomes in Veterans with Pre-End Stage Renal Disease

Leonard Pogach, MD, MBA

VA New Jersey Health Care System

Funding Period: July 2005 – June 2008

Reducing Avoidable Deaths by Directing Veterans' Surgical Care in the Private Sector

William B. Weeks, MD, MBA

White River Junction VAMC

Funding Period: July 2005 – June 2007

Suicide Among Veterans: Using the VA Depression Registry to Inform Care

Marcia Valenstein, MD

VA Ann Arbor Health Care System

Funding Period: July 2005 – June 2008

Tele-Mental Health Intervention to Improve Depression Outcomes in CBOCs

David Mohr, PhD

San Francisco VAMC

Funding Period: July 2005 – June 2009

Validation of Pain as a Vital Sign Among Veterans with Advanced Illness

Karl Lorenz, MD

VA Greater Los Angeles Health Care System

Funding Period: July 2005 – June 2007

Variability in Surgical Blood Transfusion Practices and Cardiovascular Outcome

Wen-Chin Wu, MD

Providence VAMC

Funding Period: July 2005 – June 2007

MANAGEMENT CONSULTATION**Quality Improvement for Timely Initiation of Antibiotic Therapy in Pneumonia**

Michael J. Fine, MD, MSc

VA Pittsburgh Health Care System

Funding Period: June 2005 – December 2005

Timing of Pre-Operative Administration of Prophylactic Antibiotics

Thomas Houston, MD, MPH

Birmingham VAMC

Funding Period: July 2005 – December 2005

NURSING RESEARCH INITIATIVE**Efficacy of Mantram Repetition on Symptoms of PTSD in Veterans**

Jill E. Bormann, PhD

VA San Diego Health Care System

Funding Period: July 2005 – June 2009

SERVICE-DIRECTED PROJECTS**Decision Support for the Management of Opioid Therapy in Chronic Pain**

Denise Daniels, PhD

VA Palo Alto Health Care System

Funding Period: July 2005 – June 2008

Dissemination and Implementation of Supported Employment in VHA

Sandra G. Resnick, PhD

VA Connecticut Health Care System

Funding Period: December 2005 – November 2007



Health Services Research & Development Service

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