



Ann Arbor

Center of Excellence

Director: Eve A. Kerr, MD, MPH

Executive Summary for Fiscal Year 2011

Since the Ann Arbor VA Center for Clinical Management Research (CCMR), an HSR&D Center of Excellence (CoE), became a full Center in 1996, it has gone from a small group of investigators with two VA-funded projects to an elite health services research center with 37 core investigators and annual funding of \$18.4 million in FY '11, an increase of 12% over FY '10. Our CoE is producing innovative research directed at improving the health and healthcare of Veterans and the nation. In particular our CoE focuses on clinical practice management issues for those conditions that account for a large proportion of the costs and preventable morbidity and mortality in VHA. Our three research foci are as follows:

- To improve our understanding of how to measure, monitor, and understand quality and efficiency for a patient population with substantial disease burden;
- To rigorously examine alternative and innovative systems and strategies for efficiently improving quality and outcomes for common serious and chronic illnesses; and
- To develop and apply improved methodologies for examining the effects of patient characteristics and preferences on health outcomes.

CCMR also includes the VA Serious Mental Illness Treatment, Research, and Evaluation Center (SMITREC), as well as the Diabetes QUERI (Quality Enhancement Research Initiative).

Major accomplishments this past year included the initiation of four new HSR&D IIRs and one SDR addressing the important issues of quality of inpatient care, homelessness, violence and substance use disorders, pain and illicit substance use, and depression. In addition, two new CDAs began, investigating colo-rectal cancer screening, as well as the role of caregivers in the Patient Centered Medical Home. Many of our ongoing projects continue our focus on employing innovative strategies for improving care with a focus on self-management and use of Web-based technologies. These projects are particularly significant to VHA, because they focus on systems to improve care without major resource requirements (especially staffing). We have also obtained preliminary findings from our Systems Improvement Capability Grant for improving care for hospitalized medical patients, which show very positive results and were presented to Dr. Petzel. Promising interventions from our published manuscripts include peer-to-peer support for patients with diabetes, and telephone counseling plus a walking program for patients with depression. Our work on use of opioids, predictors of suicide, and importance of follow-up for patients with serious mental illness have been used by VHA leadership to guide national policy and recommendations. Our work on patient preferences and decision-making has been used to advise the FDA.

We are very pleased with the addition of seven new core investigators: Theodore Iwashyna, M.D.; Ann-Marie Rosland, M.D. (from Affiliate Investigator); Akbar Waljee, M.D.; Jeremy Sussman, M.D.; Ted Skolarus, M.D.; Anne Sales, Ph.D.; and Steve Chermack, Ph.D. (from Associate Investigator).

In the past year our SMITREC program (approximately one third of our staff) moved off site to 6700 square feet of leased space from the University of Michigan. This move was motivated by the lack of space at the Ann Arbor VAMC for further growth of our Center, and the Medical Center's need for additional clinical

space. This space is located adjacent to the University's future Institute for Healthcare Policy and Innovation (IHPI), an interdisciplinary institute which will be established to encourage the collaboration of health services research across the University, including our CoE. We are currently working with VACO's Real Property Service to establish a lease for another 18,000 square feet of space off-site, which we hope will be located at IHPI, to facilitate collaboration with our University colleagues. This move is supported by the VAAHS Director in order to promote the growth and productivity of CCMR investigators, as well as to maximize the use of on-site space for clinical services.

The discussion at our annual Steering Committee meeting focused primarily on further development of partnerships for our upcoming CREATE and COIN submissions. Recommendations from the meeting included examining use of research-operations partnerships by non-VA organizations (such as Kaiser and Group Health,); and exploring the establishment of a Veteran advisory board for providing input to our strategic plan. We will continue the discussion of partnerships at our next meeting in the spring of 2012.