HSR&D Research Briefs
Translating Research into Practice

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VA Announces New Chief of Research

Nelda P. Wray, MD, MPH, has been appointed VA's new Chief Research and Development Officer. In this role, Dr. Wray will oversee the four main areas of VA research: biomedicine, rehabilitation, health services, and cooperative studies, and will set VA research priorities and manage all aspects of the national research program with a budget of nearly $400 million. VA research supports more than 3,800 investigators at 115 VA facilities across the country who conduct studies on high priority topics such as chronic diseases, aging, mental illness, substance abuse, acute and traumatic injury, military and environmental exposures, and special populations.

Dr. Wray's career as an exceptional physician, researcher, and mentor proves an excellent match for this challenging new position. She received her MD from Baylor College of Medicine, and in 1975 became the first woman appointed as chief resident for the Department of Medicine at Baylor College. Since 1977, Dr. Wray has served as Chief of the General Medicine Section at Houston's VA Medical Center and in 1998 was appointed Chief of Baylor's Section of Health Services Research. She is board-certified in both internal and pulmonary medicine.

Dr. Wray has a long-standing affiliation with VA's Health Services Research and Development Service (HSR&D) and has been an extraordinary contributor to the service. With Dr. Carol Ashton, Dr. Wray co-founded HSR&D's Center for Quality of Care and Utilization Studies in Houston and served as its Director until 1998.

Continued on next page

Welcome to the newest issue of *VA HSR&D Research Briefs*. This issue features articles on the new Chief of VA Research and results from the 2002 Survey of VA Researchers, as well as an extensive list of recent publications by HSR&D-funded investigators. Please be sure to inform Central Office about articles accepted for publication by sending an email with an attached copy of the accepted article to VHACOHSRD@hq.mail.va.gov.

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HSR&D
Health Services Research & Development Service

During her tenure at the Houston Center of Excellence, Dr. Wray created an environment and infrastructure that fostered interdisciplinary health services research. Until her recent new appointment, she also served as Research Coordinator for HSR&D's Quality Enhancement Research Initiative's (QUERI) Chronic Heart Failure group, which works to create measurable, rapid, and sustainable improvements in the quality of care and health outcomes for veterans with this deadly disease. In 2000, Dr. Wray was the recipient of the Under Secretary's Award for Outstanding Achievement in Health Services Research – the highest honor for a VA health services researcher.

Dr. Wray's research has focused on several areas such as the use of administrative databases to assess and improve the quality and effectiveness of health care, and the development of techniques that allow for understanding of patient preferences and ways to incorporate these into decision making. Dr. Wray has applied these methodologies in areas of particular importance to veterans such as heart failure and prostate cancer. Recently, she received international recognition for her study on arthroscopic knee surgery for osteoarthritis, which was featured in *The New England Journal of Medicine*.[1] The study found that arthroscopic surgery to relieve pain for patients with osteoarthritis of the knee is no more effective than placebo surgery. This finding is extremely important given the fact that approximately 650,000 of these surgeries are performed each year in the U.S. at a cost of more than $3 billion. This study was conducted with such rigor that its findings have already changed VA health care policy regarding this procedure. National health care policy also is being affected by these dramatic results.

As a teacher and mentor, Dr. Wray has helped to develop the careers of many of VA's most productive health services researchers. In addition to her work as a physician, researcher, and mentor, she has enhanced the visibility and reputation of VA research through national leadership, including appointments to the National Advisory Committee for HSR&D as well as the Agency for Healthcare Research and Quality. Dr. Wray has served on the National Council and the Editorial Board of the *Journal of General Internal Medicine* and was appointed to the Texas Health Care Information Council by Governor Bush. Both within and outside of VA she is recognized for her extensive knowledge of health care issues and her commitment to excellence.

HSR&D looks forward to Dr. Wray's leadership, continuing a career dedicated to helping VA provide the highest quality, most efficacious care to our nation's veterans.

John G. Demakis, MD
Director, HSR&D

1. Moseley JB, O'Malley K, Petersen NJ, Menke TJ, Brody BA, Kuykendall DH, Hollingsworth JC, Ashton CM, Wray, NP. *A controlled trial of arthroscopic surgery for osteoarthritis of the knee.* The New England Journal of Medicine 2002 Jul 11;347(2):81-8.

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 HSR&D funded projects and recent 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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2002 National Survey of VA Researchers

Research is a critical mission of the Department of Veterans Affairs, both in contributing to the advancement of knowledge and in improving the quality of health care provided to veterans. To fulfill this mission, it is important to attract and retain outstanding researchers. Since 1998, the VA Office of Research and Development has annually commissioned a National Survey of VA Researchers to assess researchers' views of the current status of research in VA and obtain their evaluations of the support they receive from the local, VISN, and national VA offices. Until this year, the survey was administered by the HSR&D Center of Excellence in Ann Arbor, working through HSR&D's Management Decision and Research Center (MDRC) in Boston. In 2002, the survey was directly administered and analyzed by the MDRC.

One of the main goals of the 2002 administration was to provide, for the first time, reliable facility-level data in addition to VISN and national-level scores. Thus, in contrast to previous years when researchers were randomly sampled, the 2002 surveys were sent to all individuals listed in the PROMISE database as principal investigators during the past three years. Out of 4,378 researchers contacted, 61 percent (n=2,618) responded, and 90 percent of the respondents reported that they were currently involved in research (n=2,356) and could therefore answer the survey questions.

Key Findings for 2002

As in previous years, researchers were most satisfied with their autonomy to choose the direction of their research (86% satisfied) and with their enjoyment of the research itself (85% satisfied). Researchers also gave relatively high marks to the opportunities provided by their VA research to use skills either learned or brought with them into VA (67% satisfied), and to the availability of collaborators (66% satisfied).

Moving beyond issues associated with individuals' research *per* se to issues related to support for research at the local, VISN, and national levels, respondents were generally more satisfied than dissatisfied with the process of conducting research in VA. However, the level of satisfaction was relatively weak, and substantial dissatisfaction was expressed with several specific areas. As was the case in 2001, researchers were particularly dissatisfied with:

- Opportunities to contribute to VISN decision-making (56% dissatisfied);
- VISN rewards and recognition supporting research (55% dissatisfied);
- VISN recognition of contributions at affiliated universities (55% dissatisfied);
- Amount of paperwork (55% dissatisfied);
- Availability of clerical support (54% dissatisfied); and
- VISN support for protected time for research (49% dissatisfied).

Paperwork, clerical support, and protected research time have been among the items with the highest percentage of dissatisfaction since the annual survey of researchers was instituted in 1998.

As in previous years, researchers reported that

research opportunities and support were important to recruitment and retention. Specifically:

- 62% of researchers indicated that they would not work in VA without research opportunities.
- Among respondents with medical degrees, 79% judged that research opportunities and support were very or extremely important for recruiting and retaining high quality clinicians in VA.

Overall, satisfaction did not differ dramatically between PhD and MD researchers. However, there were a few items on which they differed notably:

- MD researchers reported more dissatisfaction than PhD researchers on VISN support for protected time for research (56% versus 31%) and on adequacy of protected research time at the facility level (44% versus 23%).
- PhD researchers reported more dissatisfaction than MD researchers on job security (29% versus 10%).

Researcher satisfaction differed significantly across VISNs. For example, researchers' ratings of VISN support for research were significantly above the national average in Networks 4, 8, and 20. For VISNs 4 and 20, these results were a continuation of above-average performance demonstrated in 2001.

Overall, levels of researcher satisfaction remained stable between 2001 and 2002. Out of 41 items that appeared on both the 2001 and 2002 versions of the survey, ratings were very similar (less than 5% difference) on 40 of the items. The one item where a noteworthy difference was observed concerned the future security of research opportunities. On that issue, 64% of researchers were satisfied in 2002 as compared to 58% in 2001. No items received notably worse ratings in 2002 than in 2001.

Using the Findings

The survey results are intended to be useful not only to the Office of Research and Development, but also to VISN and medical center leadership as they work to support VA's research mission. Hard-copy reports of the survey results, including VISN- and facility-specific profiles, were mailed to all VISN directors and electronic copies were sent to all VISN chief medical officers and quality management officers in November. Some VISNs and medical centers are using the survey results to target initiatives to strengthen their research services. As a next step, the MDRC is currently conducting case studies of 12 VA medical centers to gain a more in-depth understanding of factors that contribute to high researcher satisfaction and to identify concrete examples of promising practices to improve satisfaction.

Copies of the reports are available on the R&D intranet at
http://www.colmr.research.med.va.gov/publications/reports

For more information about the survey, contact Mark Meterko, PhD at mark.meterko@med.va.gov or Danielle Valley, MPH at danielle.valley@med.va.gov

Research Impacts

Through an extensive portfolio of merit-reviewed research, HSR&D seeks strategies that work to improve both patient outcomes and system level outcomes. Beginning with this issue of *HSR&D Research Briefs*, and as space allows, we will provide summaries of recent HSR&D research findings that demonstrate an impact or the potential for impact on the quality, cost, and effectiveness of veterans health care. Below are two summaries.

VHA and evidence-based preventive service guidelines

Clinical practice guidelines for various medical conditions have been implemented in health care systems because they have been shown to improve patient outcomes and reduce unnecessary test procedures, thereby reducing medical costs. Researchers sought to "benchmark" the performance of VAMCs' primary care services across a series of evidence-based preventive service guidelines. The primary prevention services focused on in this study included influenza immunization, hypertension detection, and pneumococcal immunization. In addition, researchers looked at secondary prevention services such as the early detection and treatment of several cancers, as well as the assessment and monitoring of tobacco use and problem drinking.

Findings suggest that VA has successfully encouraged the adoption of evidence-based clinical preventive services throughout its healthcare system. For example, VHA is a leader in the use of automated clinical reminders, standing orders for prevention, and nurse-coordinated care to deliver these services. Data collected from nearly 40,000 veteran patients indicate that the delivery of recommended clinical preventive services was high for most measures, however, there appears to be considerable variation among VA facilities. Many facilities perform consistently better then expected, while others need improvement. Further study is recommended to identify organizational factors that facilitate the effective implementation of clinical practice guidelines and maintain preventive services at high levels.

Principal Investigator: Bradley N. Doebbeling, MD, MSc
Project Number: CPI 99-126

This study was conducted through HSR&D's Quality Enhancement Research Initiative (QUERI) as part of its focus on cross-cutting issues related to translating research into practice.

Doebbeling BN, Vaughn TE, Woolson RF, Peloso PM, Ward MM, Letuchy E, Bootsmiller BJ, Tripp-Reimer T, Branch LG. *Benchmarking Veterans Affairs medical centers in the delivery of preventive health services: comparison of methods.* Medical Care 2002 Jun;40(6):540-54.

Communication improves diabetes self-management

Diabetes mellitus presents patients with an especially daunting array of behavioral challenges because optimal control requires a high degree of self-management. Patients or their families carry out more than 95 percent of the treatment for diabetes, yet physicians vary widely in how they instruct patients in managing their disease. Moreover, many patients have considerable difficulty in carrying out recommended (self-management) treatment behaviors, such as diet, medication, exercise, and blood glucose monitoring. Investigators surveyed more than 1,300 patients receiving diabetes care across 25 VA facilities to evaluate physician communication skills in regard to diabetes self-management.

Study findings show that physicians' communication and participatory decision-making style were both strongly associated with patients' reported diabetes management. However, patients' evaluations of their providers' communication skills were more strongly associated with better diabetes self-management than the extent to which providers involved the patients in decision-making about their disease. Thus, the ability to provide clear information to patients on their disease and treatment options and to determine their desire to participate in medical decisions should be considered a necessary clinical skill. This requires

adequate time for office visits for those with chronic illnesses to allow for effective communication and discussion, as well as mechanisms to ensure appropriate follow-up for patients and intervals between visits. Measures to promote better physician communication and patient understanding of diabetes care should improve patients' self-management and, thereby, health outcomes.

Principal Investigator: Eve A. Kerr, MD, MPH
Project Number: DIS 99-221

This study was supported, in part, through HSR&D's Diabetes Mellitus Quality Enhancement Research Initiative (DM QUERI), one of eight disease-specific QUERI groups.

Heisler M, Bouknight RR, Hayward RA, Smith DM, Kerr EA. *The relative importance of physician communication, participatory decision-making, and patient understanding in diabetes self-management.* Journal of General Internal Medicine 2002 Apr;17(4):243-52.

Targeted Research Enhancement Program

The primary goal of the Targeted Research Enhancement Program (TREP) is the development of VA HSR capacity, by building on the success of VA's university affiliates. The program will assist VA sites affiliated with an academic institution having significant non-VA federal health services research funding (e.g. NIH, AHRQ), but which do not currently have significant VA HSR&D activity. Funds will be provided for the creation of a core program of investigators, statisticians, economists, and other social scientists to support and facilitate the development of HSR&D research projects and career development. For more information about TREP, contact Susan Schiffner, RN, BSM, CCM, at susan.schiffner@hq.med.va.gov.

Following is a description of the first sites to receive TREP funding.

Using Evidence to Change Practice Patterns

Catarina Kiefe, PhD, MD
Birmingham VAMC
Funding Period: July 2002 – June 2007

Working with its academic affiliate, the University of Alabama at Birmingham (UAB), this site will conduct pilot projects including interventions focused on clinicians to improve practice patterns, and use of VA's extensive databases to promote improved care by establishing a link between direct patient care and population-based analyses. Three initial projects are planned: improving smoking cessation counseling patterns by physicians, NSAID use and toxicity prevention, and bioterrorism education for clinicians. These projects will build on both VA's rich electronic infrastructure, and the methodological and content expertise available at UAB.

Please take a moment to tell us what you think about *VA HSR&D Research Briefs* by sending an email to us at MDRC.boston@med.va.gov.
Your comments and suggestions will guide us in our efforts to provide you with important HSR&D information in future issues.

Program of Research on Serious Physical and Mental Illness

Joan Penrod, MSW, PhD
Bronx VAMC
Funding Period: July 2002 – June 2007

This site will develop and support research focused on improving care for veterans with serious physical and mental illness, in partnership with its academic affiliate, the Mount Sinai School of Medicine. Initial areas of research will include three populations of patients with serious illness: patients with catastrophic and unremitting functional limitations, patients at the end of life, and patients with severe mental illness. Projects will focus on: developing a program of research to improve patient safety by reducing adverse drug events associated with change in location of care, advance care planning to elicit end-of-life treatment preferences of residents at VA extended care facilities, and issues of medication adherence in patients with serious mental illness.

Program to Improve Quality of Veterans' Life and Care in Long-Term Care

Evelyn Hutt, MD
Denver VAMC
Funding Period: September 2002 – September 2007

The goal of this program is to facilitate the development of HSR&D research projects in the area of long-term care (LTC) for veterans, in collaboration with the University of Colorado Health Sciences Center. The program will focus on two areas of research: improving the quality of care for serious acute and chronic medical illnesses common in LTC veterans, such as pneumonia, congestive heart failure, and depression; and enhancing the quality of life for veterans in LTC by addressing issues such as pain management and falls.

Newly Funded Research Projects

Investigator-Initiated Research

Effectiveness of Advisor-Teller Money Manager (ATM)
Marc I. Rosen, MD
West Haven VAMC
Funding Period: July 2002 – June 2006

Telemedicine Intervention to Improve Depression Care in Rural CBOCs
John C. Fortney, PhD
N. Little Rock VAMC
Funding Period: July 2002 – June 2005

Improving Antipsychotic Adherence Among Patients with Schizophrenia
Marcia Valenstein, MD, MS
VA Ann Arbor Healthcare System
Funding Period: July 2002 – June 2005

Effect of Telemedicine on Physician-Patient Communication
Zia Agha, MD, MS
Milwaukee VAMC
Funding Period: July 2002 – June 2007

Neuropsychological Assessment of a Population-Based Sample of Persian Gulf War Veterans and Controls
Mitchell T. Wallin, MD
Washington VAMC
Funding Period: July 2002 – June 2004

Substance Abuse Self-Help Group Referral: Outcome and Services Use
Christine Timko, PhD
VA Palo Alto Health Care System
Funding Period: July 2002 – June 2005

Evaluation of Store-Forward Teledermatology for Skin Neoplasms
Erin Warshaw, MD
Minneapolis VAMC
Funding Period: July 2002 – June 2005

Acute Post-Operative Pain Management Using Massage as Adjuvant Therapy
Daniel B. Hinshaw, MD
VA Ann Arbor Healthcare System
Funding Period: September 2002 – August 2005

VHA Clinicians and Bioterror Events: Interactive Web-Based Learning
Catarina Kiefe, PhD, MD
Birmingham VAMC
Funding Period: October 2002 – September 2006

Stroke Prevention, Incidence, and Outcomes in Veterans with Diabetes
Thomas W. Findley, MD, PhD
East Orange VAMC
Funding Period: October 2002 – September 2005

Identifying Patient Safety Indicators from Administrative Data
Amy K. Rosen, PhD
Bedford VAMC
Funding Period: October 2002 – September 2005

Nursing Staffing and Patient Outcomes in VA
Anne E. Sales, PhD, RN
VA Puget Sound Health Care System
Funding Period: October 2002 – September 2005

Utilization, System of Care, and Outcome of CABG in New York Veterans
William B. Weeks, MD, MBA
White River Junction VAMC
Funding Period: October 2002 – September 2004

Process of Care in Peripheral Arterial Disease
Tracie C. Collins, MD, MPH
Houston VAMC
Funding Period: October 2002 – September 2005

Inappropriate Prescribing of Medication for Older Veterans
Dan R. Berlowitz, MD, MPH
Bedford VAMC
Funding Period: October 2002 – September 2005

Dermal Thermometry and Self-Care of High Risk Diabetic Patients
David G. Armstrong, DPM
Tucson VAMC
Funding Period: October 2002 – September 2006

Demonstration Project: A Method for Patient-Centered Improvements
Curtis S. Smith, MD
Boise VAMC
Funding Period: October 2002 – September 2004

Toward Gender Aware VA Health Care: Development and Evaluation of an Intervention
Lynda A. King, PhD
VA Boston Healthcare System
Funding Period: October 2002 – September 2005

Establishing a VA Model for Best Practices in Management of Acute UGIH
Ian Gralnek, MD, MSHS
West Los Angeles VAMC
Funding Period: October 2002 – June 2005

Effects of Outlier Identification Strategy on Facility Profiling
Kevin L. Sloan, MD
VA Puget Sound Health Care System
Funding Period: October 2002 – September 2005

Service-Directed Research

VA Medicare Data Merge Initiative
Denise M. Hynes, PhD, RN
Hines VAMC
Funding Period: October 2002 – December 2002

Organization Variations in Colorectal Cancer Screening Rates
Elizabeth M. Yano, PhD
VA Greater Los Angeles Health Care System, Sepulveda
Funding Period: October 2002 – September 2003

Use of CPRS Templates to Standardize Drug Utilization Reviews
Robert H.K. Eng, MD
East Orange VAMC
Funding Period: October 2002 – September 2004

Does a CTI Improve Psychiatric Inpatient-Outpatient Outcomes
Lisa Dixon, MD
Baltimore VAMC
Funding Period: October 2002 – September 2005

Nursing Research Initiative

The Effect of Exercise on Muscle, Function, and Cost in VA Nursing Home Residents
Mary Grant, BSN, MA
VA Maryland Health Care System
Funding Period: July 2002 – June 2006

Correlates of Falls in Persons with Cancer
Sandra Holley, PhD, RN
Tampa VAMC
Funding Period: July 2002 – December 2004

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, under the guidance of an experienced mentor. Following are the most recent awardees, their locations, and areas of research interest to be pursued through their Career Development award. For more information on this program, visit the HSR&D web site at **www.hsrd.research.va.gov/about/professional_development/.**

Research Career Development Awardees

Debra Saliba, MD, MPH
VA Greater Los Angeles Health Care System, Sepulveda
Nursing Home to Hospital Transfers: Effect of Nursing Home Quality of Care

A. Lynn Snow, PhD
Houston VAMC
Improving Nursing Home Quality of Care: Pain Assessment in Demented Individuals

Louise C. Walter, MD
San Francisco VAMC
Outcomes of Cancer Screening in Older Veterans

Recent Publications

Barry KL, Blow FC, Dornfeld M, Valenstein M. *Aging and schizophrenia: current health services research and recommendations.* Journal of Geriatric Psychology and Neurology 2002 Fall;15(3):121-7.

Casarett DJ, Hirschman KB, Miller ER, Farrar JT. *Is satisfaction with pain management a valid and reliable quality indicator for use in nursing homes?* Journal of the American Geriatrics Society 2002 Dec;50(12):2029-34.

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Farrell AL, Warshaw EM, Zhao Y, Nelson D. *Prevalence and methodology of patch testing by allergists in the United States: results of a cross-sectional survey.* American Journal of Contact Dermatitis 2002 Dec;13(4):157-63.

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Kerr EA, Smith DM, Hogan MM, Krein SL, Pogach L, Hofer TP, Hayward RA. *Comparing clinical automated, medical record, and hybrid data sources for diabetes quality measures.* Joint Commission Journal on Quality Improvement 2002 Oct;28(10):555-65.

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