



# VA HSR&D Center of Excellence for the Study of Healthcare Provider Behavior

# NEWSLETTER

## CENTER LEADERSHIP

SPA = Strategic Program Area  
EC = Executive Committee

**Lisa V. Rubenstein, MD, MSPH**  
Center Director

**Elizabeth M. Yano, PhD, MSPH**  
Center Co-Director; Member EC  
Lead Organization/Business Case SPA

**Stephanie Taylor, PhD**  
Center Associate Director

**Steven Asch, MD, MPH**  
Associate Director, Education  
Lead HIV/Hepatitis C SPA; Member EC

**Brian S. Mittman, PhD**  
Lead Implementation Science SPA;  
Member EC

**Paul Shekelle, MD, PhD**  
Lead Interventional Evidence-Based  
Review SPA; Member EC

**Vera Snyder-Schwartz, MA**  
Senior Administrator Operations/Finance  
Lead Budget/Admin SPA; Member EC

**Alexander Young, MD, MSHS**  
Lead Mental Health SPA; Member EC

**Martin L. Lee, PhD**  
Lead Statistics/Analysis SPA

**Karl Lorenz, MD, MSHS**  
Lead End of Life Care SPA

**Debra Saliba, MD, MPH**  
Lead Long Term Care SPA

**Barbara Simon, MA**  
Lead Survey/IRB SPA

**Susan Vivell, PhD, MBA**  
Lead QI/Informatics SPA

**Donna L. Washington, MD, MPH**  
Lead Women's Health/Equity SPA

## ADVISORY BOARD

**Robert Brook, MD, ScD, Chair**

**Ron Andersen, PhD**

**John Beck, MD**

**Stuart Gilman, MD, MPH**

**David Kanouse, PhD**

**Robert Kaplan, PhD**

**Skye McDougall, PhD**

**Dean Norman, MD**

**Laurence Rubenstein, MD, MPH**

**Dennis Schaberg, MD**

**Martin Shapiro, MD, PhD**

**Dean Yamaguchi, MD, PhD**

**Fred Zimmerman, PhD**

Volume 12, Issue 1

Winter 2010

## Implementation and Impact of VA Patient-Centered Medical Homes

Primary care delivery is at a crossroads. An ever increasing proportion of medical trainees are moving on to specialty careers, while current primary care providers are leaving practice at an increased rate in the face of dwindling reimbursements. Pundits point to a "perfect storm" of increased work with decreased rewards, and predict the impending "collapse of primary care." "Patient-centered medical homes" (PCMHs) represent a potential answer to these threats. The PCMH is an updated primary care model that recognizes and rewards, through appropriate payment, the diverse but necessary activities of a primary care home base for a population of patients. Most major medical societies and many health care funders endorse some version of this concept.

The Veterans Health Administration is not immune to the primary care crisis brewing across the U.S. Recent VA surveys demonstrate that VA primary care challenges are consistent with those U.S. practices are encountering nationwide, with over 30% of VA practices reporting moderate-to-a great deal of stress, over half reporting the pace of primary care practice as overly busy to hectic/chaotic, with substantial numbers of unfilled primary care clinician vacancies. Preliminary evidence also suggests that VAs in primary care shortage areas have significantly lower quality of care compared to areas where primary care staffing remains stable. The VA Office of Patient Care Services (PCS) has been therefore strategically engaged in reviewing the state of VA primary

care delivery and the state of the evidence on patient-centered medical homes outside the VA. As a result, the VA Office of Primary Care has been tasked with leading the implementation of VA patient-centered medical homes nationwide, as a central element of the Secretary's initiative to further accelerate VA's transformation into a 21<sup>st</sup> Century health care organization ("T21"). In January 2010, roughly \$230 million was distributed to the field to support medical home implementation.

Anticipating this move, Center investigators (Yano & Rubenstein) have recently been funded by VA HSR&D Service to use their extensive primary care organizational data to examine the relationships between specific PCMH features and outcomes and to examine the determinants of their adoption. Because of VA's already substantial investment in primary care restructuring over the past decade, the new study will use data from the 2007 VA Clinical Practice Organizational Survey

*(Continued on page 2)*



Table of Contents	
Research Highlights .....	1-9
Center Highlights .....	10
Fellowship Programs .....	11
Professional Development .....	12
Center Presentations .....	13
Publication Highlights .....	14
Center Publications .....	15

VA GREATER LOS ANGELES  
HEALTHCARE SYSTEM



A Division of VA Desert Pacific  
Healthcare Network

## CENTER MISSION

**TO PROMOTE BETTER HEALTH AND HEALTHCARE FOR VETERANS THROUGH BETTER UNDERSTANDING OF HEALTHCARE PROVIDER BEHAVIOR, THE FACTORS THAT INFLUENCE IT, AND THE HEALTH SYSTEMS INTERVENTIONS THAT WILL IMPROVE IT.**



## Patient Centered Medical Home Demonstration Lab (continued)

*(Continued from page 1)*

(CPOS) of over 200 VA primary care practices to describe VA PCMH features, to assess links between VA PCMH features and quality of care, and to understand which types of VA practices are most likely to adopt PCMH features. In doing so, the study will provide critical information to VA policymakers as they plan for the future of VA primary care. CPOS includes PCMH measures spanning basic primary care attributes as well as measures of mental health-primary care integration and measures of specialty coordination, both of which are likely to be essential elements in any VA PCMH definition. Data from this study will provide concurrent insights supporting VA's PCMH implementation, improvement and policy.

Last year, VA leaders also contracted with the American College of Physicians (ACP) to field their Medical Home Builder Practice Biopsy® tool among all VA primary care practices, including all VA medical center and community-based outpatient clinics, including contract clinics (n=850). Fielded in

October 2009, these practice self-assessments provide additional insights into the state of VA primary care and are informing implementation strategies needed to help support medical home implementation. Center investigators (Yano & Rose) are providing technical support to these efforts by examining the area and organizational factors related to medical home readiness as measured by the ACP tool. Results will soon be forthcoming.

The Center has also been recently named one of the 5 VA Patient Centered Medical Home Demonstration Labs—the VA Information Laboratory for Patient-Centered Care (VAIL-PCC). Center Director Dr. Lisa Rubenstein will be the Demonstration Lab Director (PI) and is joined by Drs. Elizabeth Yano and Lisa Altman as Co-PIs for Evaluation and Innovations, respectively.



*For more information on this project, please contact:*

**Lisa Rubenstein, MD, MSPH**

Tel: 818-891-7711, x5807

E-mail: [Lisa.Rubenstein@va.gov](mailto:Lisa.Rubenstein@va.gov)

## Mental Health Services in Primary Care Settings

The Primary Care-Mental Health Integration (PC-MHI) initiative works towards enhancing the continuum of care for primary care patients, and improving team communication and collaboration among PC and MH providers. This implementation initiative is developing in all five Healthcare Systems of VISN 22. Each site uses a locally-tailored integration approach: Care Managers, Co-located/Integrated MH Providers, or a blended model. They provide a range of services for patients with mild-moderate MH conditions, including screening, assessment, triage, evaluation, brief intervention, individual and group treatment, follow-up, medication management, and TIDES telephone care management.

This VISN 22 initiative is part of a national effort begun by the VHA Office of Patient Care Services in May 2006, with the goal of expanding access to MH services. VISN 22 received funding in November 2007 to build on existing integration, including TIDES Collaborative Care for Depression, at GLA and Long Beach since 2005. Then, interest in adopting co-located/collaborative MH services in PC settings increased with the September 2008 issuance of the *Handbook for Uniform Mental Health Services (USP) in VA Medical Centers and Clinics*. This policy defines the minimum requirements for MH services

that must be available to all veterans, and explicitly requires integrated PC-MH services.

PC-MHI has related in practice to several other mandates and initiatives, such as clinical reminder, rapid response, and suicide prevention protocols. In particular, local PC-MHI QI Teams may be inter-related with System Redesign Teams for work on site-specific activities.

The COE, in collaboration with VISN and GLA Primary/Ambulatory Care leaders, helps support PC-MHI in several ways: Program Evaluation is led by **Jacqueline Fickel, PhD**, who also leads a team helping with operations support; **Susan Vivell, PhD**, and **George Joseph, PharmB** lead the Data and Measurement Support Team. The upcoming COE and VISN collaboration for the Patient-Centered Medical Home initiative is expected to be a significant opportunity for application of experiences from PC-MHI into the broader-scope transformation of VHA primary care practices. ❖

*For more information on this program, please contact:*

**Jacqueline Fickel, PhD**

Tel: 818-891-7711, x5482

E-mail: [Jacqueline.Fickel@va.gov](mailto:Jacqueline.Fickel@va.gov)





## Nurse-Based HIV Rapid Testing (NRT) in VA SUD Clinics

With HIV now a treatable chronic disease it is even more important to diagnose positive cases early. In light of this, the CDC has recommended testing all patients between the ages of 13-64. While this is a sound recommendation, it is still prudent to target high-risk patients. In this vein, previous research has shown a correlation between HIV infection and substance abuse, which is high in the VA patient population.

Two recent projects led by Dr. **Henry Anaya** are evaluating the potential of offering nurse-initiated HIV rapid testing directly in VA substance use disorder (SUD) clinics: (*A Formative Evaluation of Organizational Readiness to Adopt and implement Nurse-Based HIV Rapid Testing (NRT) in Three VA SUD Clinics (RRP 08-238)* and *Implementation of NRT in VA SUD Clinics (RRP 09-122)*).

The first project was foundational in nature and was used to qualitatively evaluate the barriers and facilitators to HIV rapid testing in two SUD clinics at the Los Angeles and Minneapolis VA. Principal findings elucidated that NRT in SUD is supported by research evidence, clinical experience, and patient needs. Additional findings included support among the staff for NRT SUD but identified barriers

including limited resources, staff resistance to new tasks, anxiety about delivering positive results, and concerns about patient privacy and safety. Facilitators suggested by staff included willingness to incorporate NRT into existing staff responsibilities. The second, implementation-based project (which was recently initiated in GLA and will shortly commence at the Pittsburgh VA) is specifically intended to evaluate 1) whether NRT can be routinely offered and integrated into SUD clinic workflow; 2) what the barriers/facilitators to uptake are; and 3) what are the unintended consequences associated with integrating this new testing model. This project will assess the feasibility of transferring knowledge learned in a previously successful primary/urgent care HIV testing implementation project to SUD clinic settings. In this way, we believe that this hybrid research approach can yield the widest scope of knowledge from which to base future HIV testing decisions for VA policymakers. ✎

For more information on these projects, please contact:

**Henry Anaya, PhD, MS**  
Tel: 310-478-3711, x48488  
E-mail: [Henry.Anaya@va.gov](mailto:Henry.Anaya@va.gov)



## Identifying Veterans at High-Risk for a First-Time Stroke

The VA QUERI funded **Eric Cheng, MD, MS** and his research team (RRP 08-242, *Identifying veterans at high-risk for a first-time stroke*) to determine whether persons who developed a first-time stroke could have been identified in advance using VA administrative data. Stroke is the 3<sup>rd</sup> leading cause of death and a major cause of disability. If persons at high-risk for a first time stroke could be identified in advance, clinicians will have the opportunity to immediately implement interventions that reduce the risk of stroke and not after a stroke occurs. However, current stroke risk calculators are typically implemented on individuals with complete data, and not used in widespread screening of populations.

The study consisted of 508 veterans who were hospitalized at 5 VA Medical Centers in the Southwestern United States for a first-time ischemic stroke and a random sample of 25,361 veterans receiving care at these same



centers who did not develop a first-time stroke. We found that the Framingham calculator, the most commonly used risk calculator for predicting stroke, performed reasonably well in distinguishing between these two groups. We are currently evaluating other calculators for predicting stroke. We are also determining whether a calculator newly created from VA administrative data would have greater accuracy than those developed from non-VA populations in identifying veterans who would later develop a stroke.

By identifying persons at high-risk for a first-time stroke, clinicians will have the opportunity to proactively reduce the risk of developing a stroke. This study represents a first-step toward developing an accurate stroke prediction tool using administrative databases among a population of veterans. ✎

For more information on this project, please contact:

**Eric Cheng, MD, MS**  
Tel: 310-478-3711, x48100 E-mail: [Eric.Cheng@va.gov](mailto:Eric.Cheng@va.gov)



### Preparing for a Parkinson's Disease Care Management QI Trial

Preparing for A Parkinson's Disease Care Management QI Trial (Project # NRI 08-370) is an 18-month VA HSR&D funded pilot study to develop and refine tools, protocols, and patient-centered outcome measures for a coordinated care management program for veterans with Parkinson's disease (PD). **Karen Connor, PhD**, who received her doctorate from the UCLA School of Nursing in 2007, is Principal Investigator and Barbara Vickrey, MD, MPH, affiliated COE investigator from the VA GLA Parkinson Disease Research, Education, and Clinical Center (PADRECC) is her mentor for this award.

An estimated 40,000 veterans across the VHA are diagnosed with PD, a chronic neurodegenerative disease that affects motor function and has broad health impacts, including cognitive impairment, depression, sleep disturbances, and other "non-motor" effects that substantially impact quality of life. While evidence-based treatments have been proven to improve outcomes for veterans with PD, there are documented gaps in usual care for this chronic disease both in and out of VA. Findings of the research underway in this pilot study will guide a proposal for a subsequent randomized controlled trial of a Chronic Care Model-based PD care

management intervention. This intervention would include components such as periodic structured assessments administered by specially-trained nurses, participation of patients and families in care planning, and dedicated community support to enhance VA and community care for affected veterans and their family care partners.

To date, we have convened a Task Force from three VA healthcare systems (Greater Los Angeles, Long Beach, and Loma Linda) and three local PD advocacy and service organizations, and have applied a formal consensus method to identify 38 goals for high-quality PD care. Researchers are now designing care management tools and protocols tailored to those 38 goals and will conduct usability testing through interviews with patients and staff to refine them, in preparation for the planned proposal to conduct a randomized controlled trial to test the new model. If the new model is found to improve health outcomes, it could be disseminated to all veterans with PD. ✕



For more information on this project, please contact:  
**Karen Connor, PhD, RN**  
 Tel: 310-478-3711, x83975 E-mail: Karen.Connor@va.gov

### Measuring and Improving the Quality of Hospital Nursing Care

Pressure ulcers (or bedsores) are a major patient safety concern for hospitals because they are common, usually preventable, and the cost of treatment is considerable. Pressure ulcer prevention is largely a nurse-led set of activities. Because hospital nursing care is delivered on units, the organizational features of nursing units are likely to shape performance of pressure ulcer prevention activities; yet little is known about unit-specific barriers and facilitators to nurses' ability to deliver preventive care.

**Lynn M. Soban, PhD, RN** conducted a VA QUERI-funded study (RRP 07-338) to examine the organizational features, barriers and facilitators relevant to pressure ulcer prevention across nursing units in one large, academic VA Medical Center. Data were collected using qualitative semi-structured interviews of 12 key informants including nursing leadership, managers, and staff.

Among the findings were that structural characteristics such as a wound team and ready access to specialized equipment, support surfaces, and supplies are facilitators to preventive care. Among the barriers reported were nurse staffing and sub-optimal teamwork. Interestingly, while facilitators were reported across most nursing units,

barriers were unit-specific and interviewees' perceptions of these varied. For example, some interviewees felt that nurse staffing was at least sometimes a barrier; whereas, others stated flatly that it was not a problem on their unit. Similarly, in terms of teamwork, some interviewees described problems in teamwork across shifts, whereas others described difficulties within the nursing team on their shift; still others felt that teamwork was not a problem for them personally. These variations underscore the importance of examining unit level systems and work processes.

Study findings were featured in the December 29, 2009 VA HSR&D Emerging Evidence newsletter [http://www.hsrdr.research.va.gov/news/emerging\\_evidence/quality.cfm](http://www.hsrdr.research.va.gov/news/emerging_evidence/quality.cfm)

Dr. Soban recently submitted a proposal to expand this work to examine barriers and facilitators to pressure ulcer prevention among 6 diverse VA hospitals. ✕

For more information on this project, please contact: **Lynn Soban, PhD, RN**  
 Tel: 818-891-7711, x9954  
 E-mail: Lynn.Soban@va.gov





## VA Facility Determinants of Racial-Ethnic Variations in Quality of Care

African-American and Hispanic veterans, compared with white veterans, are more likely to depend upon the VA to provide all or some of their healthcare. Though the VA is committed to delivering high quality care to all veterans, racial-ethnic disparities remain in VA healthcare quality. Patient factors, such as socio-demographic characteristics, do not fully account for observed disparities. VA facility characteristics may contribute to the observed relationships between patient race-ethnicity and VA quality of care.

This HSR&D-funded project (IAA-08-087) has as its objective to inform future intervention development by identifying the modifiable facility-level determinants of racial-ethnic healthcare disparities in VA settings nationwide and describing the characteristics of high disparity facilities. These analyses are accounting for the context in which VA facilities deliver care, including area characteristics (e.g., urban/rural location, location in a federally-designated health professional shortage area) and fixed facility characteristics (e.g., size, academic affiliation).

Subjects are VA healthcare users sampled in the External Peer Review Reporting Program (EPRP) in fiscal years 2006, 2007 and 2008. EPRP data provide

an existing source of performance indicators for evaluation of VA quality of care. VA and Survey of Healthcare Experiences of Patients (SHEP) data are providing self-reported race-ethnicity. VA facility organizational and practice characteristics are available from the VHA Clinical Practice Organizational Survey – a nationwide census of VA facilities and large community-based outpatient clinics that was fielded in 2006-07. The Area Resource File is providing area contextual characteristics. EPRP measures will be aggregated to construct global, condition-specific and site-of-care summary measures of quality. These measures will be used to identify high disparity sites and their modifiable characteristics associated with disparities.

Identification of modifiable facility characteristics associated with achievement of better quality of care for racial-ethnic minorities may inform development of VA interventions to reduce racial-ethnic healthcare disparities. ✕



For more information on this project, please contact:  
**Donna L. Washington, MD, MPH**  
 Tel: 310-478-3711, x49479  
 E-mail: Donna.Washington@va.gov

## Survey of VA Clinicians' Fall Prevention and Assessment Practices

Falls that result in serious injuries are a major health risk among older adults. The VA Office of Quality and Performance has begun monitoring two quality indicators of falls risk reduction in primary care. Data from a national random sample showed that about one-third of clinicians were in compliance with the best practice for fall risk reduction. The objective of this study (QUERI RRP 08-382) was to develop a survey to identify factors that impede or facilitate implementation of falls quality indicators and guidelines within the VA.

**Dr. Josea Kramer** and team (GRECC/HSR&D) used an iterative mixed method approach. Survey development was informed by Key Respondent interviews with primary care providers and by our Technical Advisory Panel. The survey was pre-tested and refined using intensive cognitive interview techniques (n=10) and the pilot survey was disseminated to a random sample of 88 primary care providers in 2 VISNs. Descriptive analyses were applied to determine reliability of items.

Cognitive interviews revealed that existing survey

items that had been designed for community physicians were not well-received by VA staff. General concepts could be retained but most items were re-written to improve comprehension, relevance to midlevel clinicians as well as physicians, or reflect VA processes of care. The pilot survey had a 28% response rate and the majority of respondents were mid-level professionals. There was no difference in response rates across VISNs or clinical settings (medical centers or CBOCs). Among these primary care respondents, confidence in managing falls was lower than the average confidence level in managing other medical conditions. Use of the finalized survey to guide the development of educational initiatives and related implementation strategies to reduce fall risks among older Veterans is recommended. ✕



For more information on this project, please contact:  
**Josea Kramer, PhD, MS**  
 Tel: 818-895-9311, x9178  
 E-mail: Josea.Kramer@va.gov

# RESEARCH HIGHLIGHTS



## Evaluation and Implementation of a Multi-modal Program to Promote HIV Testing

The benefits and cost-effectiveness of identifying and treating asymptomatic HIV infected individuals substantially exceed those of early recognition of most medical conditions. Nevertheless, in the VA, as in many other healthcare systems, approximately 50% of HIV-infected patients are diagnosed only after they have developed severe immunological damage.

In response, in collaboration with the the VA Public Health Strategic Healthcare Group the QUERI/HIV-Hepatitis Program has conducted a series of studies to determine the impact of a multi-modal intervention that is based upon the provision of computerized decision support (i.e., a Clinical Reminder), provider activation, audit-feedback, and removal of organizational barriers on HIV testing rates in at-risk individuals.

With support from a VA QUERI Service Directed Project (SDP 06-001), this project was first implemented in four facilities in VISN 22. After one year, we found that implementation of the program resulted in a doubling to tripling of HIV testing; in contrast HIV testing remained stable at a control site. Consistent, dramatic increases in the likelihood of being tested for HIV were observed across patient-level, provider-level and subfacility-level factors. The rate of positive HIV tests remained constant despite the doubled rate of testing and the impact of the

program was sustainable after cessation of external support of the provider activation component.

With support from QUERI SDP 08-002, we are now evaluating the generalizability of our findings across geographic regions and vulnerable patient populations in VISNs 3 and 16. Additionally, we are assessing the implementation costs and identifying organizational requisites for the success of this intervention. By the end of January 2010 the program will have been implemented in four facilities in VISN 3 and five facilities in VISN 16. Early data demonstrate highly encouraging increases in HIV testing.

The clinical impact and significance of this project are substantial. Earlier diagnosis of HIV infection will allow for identification and treatment with highly active antiretroviral therapy before the development of the complications of immunological impairment. Thus the implications of this program are of great interest to the VHA, the largest provider of HIV healthcare in the United States. ✕

*For more information on this project, please contact:*

**Matthew Bidwell Goetz, MD**

Tel: 310-478-3711, x44716

E-mail: [Matthew.Goetz@va.gov](mailto:Matthew.Goetz@va.gov)



## Impact of a Novel Patient Educational Booklet on Colonoscopy Preparation Quality

The success of colonoscopy depends on high quality bowel preparation by patients; yet inadequate preparation is common. We previously reported the development and pilot testing of a novel educational booklet designed to improve bowel preparation quality in Veterans (HSR&D 2009 Plenary). We now present the initial results of a randomized controlled trial of the booklet vs. standard pharmacy instructions in patients undergoing colonoscopy in a large VA Healthcare Network.

We developed an educational booklet based on cognitive interviews of patients and providers to identify knowledge, attitude, and belief (KAB) barriers to quality colonoscopy preparation. Based on these interviews, we created a patient educational booklet, couched in the Health Beliefs Model, aimed at addressing KAB barriers to enhance preparatory behaviors. In concert with a psychometrician and health literacy expert, we developed and iteratively tested a color booklet containing text and visual elements designed to address modifiable KAB domains. We then prospectively randomized patients

scheduled for outpatient colonoscopy in a 1:1 ratio to either receive usual instructions or receive the booklet 1 week prior to their colonoscopy. All patients, physicians and nurses were blinded to group allocations. Patients in both groups received standard pharmacy instructions for bowel preparation and the protocol did not specify which purgatives to prescribe. Data showed that the receipt of the booklet significantly improved preparation.

Provision of a novel educational booklet improves bowel preparation quality in Veterans undergoing colonoscopy, independent of the type of prep received. This simple intervention improves preparation quality by addressing and modifying KAB deficits that drive prep quality over and above the specific purgative prescribed. ✕

*For more information, please contact:*

**Brennan Spiegel, MD, MSHS**

Tel: 310-478-3711, x43360

E-mail: [bspiegel@mednet.ucla.edu](mailto:bspiegel@mednet.ucla.edu)



## Program Evaluation of VA Nursing Academy: Enhancing Academic Partnerships



The Health Resources and Services Administration (HRSA) estimates that by 2015, all 50 states will experience a shortage of nurses. About 22,000 RNs will be eligible for retirement within

VA this year. It has been suggested that much of this shortfall is due to a lack of qualified nursing faculty. Consequently, VA established the VA Nursing Academy (VANA), a 5-year pilot program that funds faculty positions at 15 competitively selected partnerships of VA facilities and nursing schools. VANA is designed to expand nursing faculty, enhance professional development, increase student enrollment, promote innovations in education and practice, and increase recruitment and retention of nurses within VA.

The VA Office of Academic Affiliations funded **Aram Dobalian, PhD** (PI) and Jack Needleman, PhD (co-PI) to conduct a national, independent evaluation of the program (XVA 65-010; 10/1/2007-9/30/2013). Other research team members include **Candice Bowman, PhD, RN, Tamar Wyte, DPT, MPH, Darya Friedman, MPH, Elizabeth Yano, PhD, MSPH, and Lynn Soban, PhD, RN**. The national evaluation addresses three primary domains: (1) Achievement of Operational Objectives, (2) Effectiveness and Impact, and (3) Effectiveness of Recruitment and Retention. The team is using a mixed-methods design, including on-site interviews, follow-up phone interviews, and annual surveys of faculty, students, and nursing staff.

The team has completed site visits for the 10 partnerships of Cohorts One and Two. Key domains that potentially influence performance include local market conditions, leadership involvement and commitment, scope of faculty roles and development, intra-organizational facilitation, communication, power sharing, problem solving mechanisms, pre-existing relationship between partners, presence of champions, stability of partnership personnel, and perceived benefits of VANA. Our observations across partnerships have led us to emphasize inter-organizational collaboration (e.g., teamwork between direct and indirect participants across partnering institutions regarding specific issues, strategies, or decisions) as a critical factor in enabling these partnerships to be successful. ❖



## Developing a Comprehensive VA Emergency Preparedness and Response Research Agenda

VHA's Fourth Mission is to serve as the principal medical backup to the Department of Defense in the event of war or national emergency. Per the National Response Framework, VA has support responsibility under 7 of the 15 Emergency Support Functions, including emergency management, public health, and medical services. In recognition of VHA's expanded role in emergency management during the past three decades, VHA's Office of Public Health and Environmental Hazards (OPHEH) funded **Aram Dobalian, PhD, JD** and his research team, **Maria Claver, PhD, MSW, Darya Friedman, MPH, and Jia Bai, BA**, to develop a comprehensive VHA emergency management research and program evaluation agenda (XVA 65-012; 10/1/2008-9/30/2009).

The research team assembled a Planning Group that included leaders from within and outside VA to assure that the resulting agenda was comprehensive in its approach. The action plan included a series of activities to develop a suitable evidence base for agenda-setting, and a consensus development conference of researchers and practitioners from across the nation. With a focus on mapping program evaluation and research priorities to the needs of VHA's Comprehensive Emergency Management Plan, the goal of the resulting agenda was to position VA as a national leader in emergency management research.

VHA provides a unique national laboratory for the conduct of high quality research that will improve VHA's and our Nation's emergency medical and public health preparedness and the role of health delivery systems in that endeavor. To effectively foster the conduct and expansion of emergency management evaluation and research within VHA, the consensus was that VHA needs to build program evaluation capacity, increase the awareness and visibility of VHA's emergency management research, and build bridges to research partners at agencies (e.g., DoD, US Department of Health and Human Services, and Department of Homeland Security) with longstanding commitments to advancing emergency management research. ❖

*For more information about these projects, please contact:*

**Aram Dobalian, PhD, MPH, JD**

Tel: 818-891-7711, x7182

E-mail: [Aram.Dobalian@va.gov](mailto:Aram.Dobalian@va.gov)

# RESEARCH HIGHLIGHTS





## Determinants of Adoption and Delivery of Genomic Medicine within VHA

Genomic discoveries in the next decade will increase the availability of genomic applications for both rare and common diseases. With genomic medicine expanding beyond its traditional boundaries, questions remain about delivery of genetic services to an increasing number of people. The VA is in a unique position to investigate these issues; it is a large, integrated national healthcare system that is a model for health care reform and improved delivery systems, and is viewed as a leader in health services genomics research.

In order to understand the organizational level needs relating to the adoption and delivery of evidence-based genomic applications within the VA, VA HSR&D funded **Maren Scheuner, MD, MPH, FACMG** and **Elizabeth Yano, PhD** a three year grant (10/1/2009 – 9/30/2012) to: (1) investigate prevailing approaches for delivery of genetic/genomic medicine, (2) assess the organization and practice of genomic medicine within the VHA nationwide, (3) identify the environmental and organizational determinants of adoption of genomic medicine within the VA, and (4) use expert panel methods to synthesize the findings resulting in recommendations for VA organization and practice of genomic medicine.

To accomplish this, Dr. Scheuner and Dr. Yano have assembled a team with expertise in qualitative research, survey research, project coordination and data analysis. Team members include **Ismelda Canelo, MPA; Cynthia Gammage; Alison Hamilton, PhD; Brian Mittman, PhD; Andrew Lanto, MA; Sabine Oishi, MSPH, MA (project director); Barbara Simon, MA**. The research team will conduct semi-structured interviews of clinical leaders from five

specialties (primary care, cardiology, oncology, neurology and pathology) to understand the current organization and practice of genomic medicine. With these results, structured surveys will be developed, pilot tested, and administered to clinical leaders in these specialties at VA health care facilities nationwide. These surveys will measure the organizational and practice system features of genomic medicine. The results of the survey will be merged with other data sources that capture key organizational and environmental characteristics. An expert panel will evaluate the findings to arrive at recommendations for future VA organization and practice.

It is expected that the study will provide empiric data that could be used to inform the development and future evaluation of genomic medicine health services within and likely outside of the VA, including strategic planning; service organization, manpower planning and capacity building; service review, and assessment and evaluation. In addition, the work should indirectly inform other core activities involving integration of genome-based science and technology, including public policy analyses and processes, communication and stakeholder engagement, guideline development, and education and training of health professionals. ✕



For more information, please contact:  
**Maren Scheuner, MD, MPH, FACMG**  
Tel: 818-891-7711, x7225  
E-mail: [Maren.Scheuner@va.gov](mailto:Maren.Scheuner@va.gov)

## Family History Education to Improve Genetic Risk Assessment for Cancer

**Maren Scheuner, MD, MPH, FACMG** also received funding from the Office of Public Health Genomics, Centers for Disease Control and Prevention (CDC) to develop, implement, and evaluate a multi-component education program designed to change healthcare provider behavior resulting in increased and improved familial risk assessment for hereditary breast-ovarian cancer (HBOC) and hereditary nonpolyposis



colorectal cancer (HNPCC). The components of the education program are grouped as: (1) informational (lecture series and project website), (2) clinical (patient information sheets and a CPRS template to facilitate family history documentation and referral for genetic consultation and testing), and (3) behavioral (academic detailing and quarterly practice-feedback reports). Among the study team members are **Lisa Rubenstein, MD, MSPH, Elizabeth Yano, PhD, MSPH, Brian Mittman, PhD, Caroline Goldzweig, MD, MPH, Martin Lee, PhD, and Barbara Simon, MA**. ✕



## Implementation and Sustainability of Women's Mental Health Clinics

Market penetration among women Veterans returning from Iraq and Afghanistan, many of whom have substantial mental health burdens, exceeds 40%. National VA organizational data suggest growth of separate and formal mental health (MH) services targeting women veteran patients, prompting exploration of their development and structure.

Semi-structured telephone interviews were conducted with 35 VA MH clinicians and administrators drawn from all VA hospitals and large CBOCs which indicated the presence of separate women's outpatient mental clinics (n=24, 12.3% of national sample) and designated women's mental health providers in general outpatient mental health clinics (n=67, 34.4% of national sample). Transcribed interviews were analyzed and coded.

Findings suggest that VAMCs and CBOCs provide an array of routine outpatient mental health services. While some programs offer a formal women's mental health clinic or provider, informal arrangements are more typical. While fully one-third of VA facilities reported separate gender-specific mental health services, few formal programs existed. Respondents' attitudes regarding the necessity of separate women's mental health services varied across sites. Some MH clinicians and administrators expressed skepticism about the need for formalized gender-specific programs or providers, emphasizing the importance of treating "all veterans" equally. Many described challenges in tailoring services to such a small population of their patients. Sites with formal women veterans' MH service programs or providers often depicted processes wherein service utilization increased after sites had developed

gender-specific programs and begun to offer specialized women's MH services.

Formal women's mental health programs and providers have not been implemented widely in VA settings, which may be due, in part, to local mental health leaders lack of concurrence about the need for or potential value of gender-specific mental health care. The logistical challenges in establishing such services for a minority population also serve as a barrier to further development. However, VA facilities that have established such programs have experienced increased utilization, suggesting that these services do in fact address unmet mental health needs among women veterans.

While national organizational data suggested increased development of separate clinics or designated providers to attend to women veterans' mental health needs, closer study revealed that few sites offer such formal programs. Implementation of the VA's national Mental Health Benefits package will require systematic efforts to increase local awareness of gender-specific needs, and strategic support for remedying service gaps and barriers to mental health care women veterans regardless of their minority status. ❄

For more information on this project, please contact:



**Elizabeth M. Yano, PhD, MSPH**

Tel: 818-891-7711 x5483

E-mail: [Elizabeth.Yano@va.gov](mailto:Elizabeth.Yano@va.gov)

or

**Casey MacGregor, MSW**

Tel: 818-891-7711 x5746

E-mail: [Casey.MacGregor@va.gov](mailto:Casey.MacGregor@va.gov)



## Women's Health in VA on Agenda During IOM's Third Women's Health Research Meeting

COE Co-Director **Becky Yano, PhD, MSPH** and Women's Health Scientific Program Manager Linda Lipson, MA presented at the Institute of Medicine's Third Meeting of The Committee on Women's Health Research this year.

Their presentation addressed the current state of research on women Veterans' health needs within VA, and provided an update of the projects associated with the women's health research agenda established in 2004.

Among the recent research projects highlighted during the presentation were:

- The impact of practice structure on quality of care for women Veterans
- Gender equity in VA quality
- Care for women Veterans affected by chronic disease and mental illness
- Quality of breast cancer care in VA
- Fragmentation of care and unmet needs

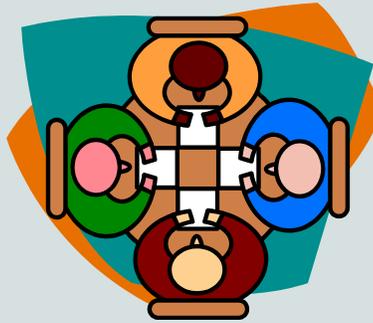




## Center Staff Updates

### New Staff

Dr. **Stephanie Taylor** (PhD, Sociomedical Sciences, Columbia University) has joined the Center as Associate Director. Previously, she conducted research for seventeen years and, prior to that, worked in the for-profit business arena for ten years. For the past six years, Dr. Taylor has been a Social Scientist at RAND. She also completed a post-doctoral fellowship at UCLA. Her research focuses on how contexts such as policies, hospital/clinic characteristics and residential neighborhoods might affect individuals' health and health service utilization. She currently is the P.I. of a study to improve patient safety among front line staff in nursing homes and another national study on how residential and military base contexts can affect the health and well-being of military members and their families. She also was the P.I. of a large quantitative and qualitative effort to examine how social and residential contexts affect physical activity and nutrition throughout Minnesota; P.I. of a study examining how Los Angeles neighborhood characteristics might be related to disparities in individuals' diet and physical activity; and P.I. of another study of how the location of HIV-test sites in Los Angeles might contribute to disparities in individuals' testing. She currently is Co-P.I. of a large study to examine how to assess the effects of context on patient safety implementation



efforts. She recently was the Co-P.I. of a national study among HIV-positive persons to examine how alcohol policies are related to alcohol use and risky sex behaviors. Earlier, she was P.I. of a study to examine how residential contexts affect mental health service use among this same population of HIV-positive persons. Although she is a quantitative methodologist with expertise in multi-level modeling, she also has experience collecting qualitative data. Dr. Taylor also has conducted research on disaster preparedness, how the military services meet the needs of their servicepersons and families, and HIV testing and service use. Prior to her career in research, she managed large-scale projects in the management consulting field for ten years.

Dr. **Ruth Klap** (PhD Sociology, University of California, Los Angeles)

has joined the Center as a program manager in the Womens Health strategic planning area. She has worked as an Associate Research Sociologist and the Manager of the Methods Core at the UCLA Health Services Research Center prior to joining us at the VA. There, she managed research projects, mentored research fellows and consulted on statistical and methodological issues. Her research interests include: intimate partner violence; disparities in access to care; mental health; and research methods.

### The following staff members also joined the COE in 2009:

**Anna Liza Antonio**  
**Courtney Armstrong, BA**  
**Jia Bai, BA**  
**Zebada Brown, AA**  
**Jaimi Butler, MS**  
**Brittney Chow, BS**  
**Kristen Cribbs, BA**  
**Marlin Elenes**  
**Ray Flannaugh**  
**Joy Goebel, PhD**  
**Allyson Hemstreet, BA**

**Wendy Hsiao**  
**Uyi Igodan**  
**Megan Johnson**  
**Cynthia Law, BA**  
**Jennifer Levine, PhD**  
**Revana Lukman**  
**John Ordunez, BA**  
**Jennifer Peralta**  
**Diana Tisnado, PhD**  
**Chad Williams**  
**Heather Zmyewski**

### Staff Changes

**Lisa Zubkoff, PhD** has completed her Associated Health fellowship with the Center and taken on a new position at the VISN 1 Veterans Engineering Resource Center (VERC) in White River Junction, Vermont.



## Fellowship Programs

The VA Greater Los Angeles HSR&D Center of Excellence has been an approved VA post-doctoral training site since 1994 and Associated Health fellowship training site since 2002.

### VA/GLA Health Services Research

#### *Second Year Fellow*

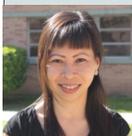


**Howard Saft, MD** is a primary care physician who completed his medical degree at the University of Florida College of Medicine. He also completed a Pulmonary and Critical Medicine fellowship at Georgetown

University in 2007, where he completed his residency and internship. Dr. Saft's research interests are evidence-based clinical practices and outcomes research in the intensive care unit and outpatient settings.

### Associated Health Fellowship Program

**Sangeeta C. Ahluwalia, PhD, MPH**, received her PhD in Health Services from UC Berkeley and her MPH in Community Health Sciences from UCLA. She recently completed a postdoctoral fellowship in Geriatrics and Clinical Epidemiology at Yale, where her research focused on the impact of comorbidity on health outcomes among older adults with advanced heart failure. Dr. Ahluwalia's research interest centers on the availability and use of palliative care services for non-cancer populations. She is currently using qualitative methods to assess and develop clinical informatics tools to facilitate advance care planning for patients with heart failure in the inpatient setting.



**Kim Tran, PhD**, a nurse practitioner, completed her baccalaureate training in nursing at USC in 1997. She recently completed her doctoral training at the UCLA School of Nursing in 2006 where she also obtained her Master's degree. Her research interest is in health disparities and examining access to care among vulnerable populations using quantitative and qualitative methods. She has worked in the critical care and coronary care setting as a registered nurse and as a nurse practitioner for over ten years. Previously, she was an Assistant Professor at Cal State LA where she taught both undergraduate and graduate nursing students.

### UCLA/RWJ Clinical Scholars Program

#### *First Year Fellows*



**Medell Briggs-Malonson, MD, MPH**, an Emergency Medicine physician, received her medical degree from Harvard Medical School and a Master's of Public Health in Health Care Management from Harvard School of Public

Health. She completed her Emergency Medicine training at Harbor-UCLA where she also served as Chief Resident during her last year of residency. Her research and policy interests include racial and socioeconomic health disparities, health care financing, and emergency health services accessibility.

**Susan McCloskey, MD** is a radiation oncologist who received her undergraduate and medical degrees from Emory University. Dr. McCloskey completed her medical internship at UCLA Olive View Medical Center and her residency training in radiation oncology at Roswell Park Cancer Institute. Dr. McCloskey's primary interest in health services research is in the area of quality and specifically quality as it pertains to the process of cancer care.

#### *Second Year Fellows*



**Rhonda Mattox, MD** completed her medical degree from University of Arkansas for Medical Sciences College of Medicine. As a Clinical Scholar, Dr. Mattox will focus her research towards developing interventions aimed at reducing the stigma of mental illness among the African-American community. Specifically, she would like to work with faith-based programs to improve African-Americans' access to treatment and outcomes in mental health.

**Sierra Matula, MD** completed her medical degree at Mount Sinai School of Medicine in New York. She also completed a one-year internship at the University of California at San Francisco and is currently a General Surgery resident there. Her research focus is health disparities and access to surgical care. Dr. Matula would like to study how sociopolitical issues affect the extent of surgical disease at presentation. She would also like to research issues affecting organ allocation policies for transplantation.



#### *Third Year Fellow*



**Patrick E. Link, MD, MPH**, a general psychiatrist, completed his medical degree at the University of North Carolina School of Medicine and training in General Psychiatry at UCLA and the West Los Angeles VA. Dr. Link's current research interest is in using community participatory methods to assess and improve mental health outreach, education, and stigma reduction efforts for veterans, particularly veterans of the conflicts in Iraq and Afghanistan.

For more information about our Health Services Research and Associated Health Fellowship Programs contact:

**Ismelda Canelo, MPA**

Tel: 818-891-7711 x7500

E-mail: [Ismelda.Canelo@va.gov](mailto:Ismelda.Canelo@va.gov)



For more information about the VA/RWJ Clinical Scholars Program go to:  
<http://rwjfsp.unc.edu/scholars/VA/index.html>

# FELLOWSHIP PROGRAM





## HSR&D Field-Based Meetings



In late 2009, HSR&D decided to defer its large annual National meeting and announced funding to support several Field-Based Meetings in FY 2010, using previously established mechanisms for funding scientific meetings and conferences. Proposals for FY 2010 conferences were reviewed and scored on the basis of several criteria, including wide applicability and import throughout the VA system and/or the health services research community, as well as a significant product or result. Two proposals from our center's core research teams were selected from among the many centers who applied for this opportunity:

### Using Research to Build the Evidence Base for Improving the Quality of Care for Women Veterans

Elizabeth Yano, PhD, MSPH

The 2010 National Meeting on Building the Evidence Base to Improve Health Care and Outcomes for Women Veterans, sponsored by the VA Health Services Research and Development (HSR&D) Service, will be held July 15-16, 2010 in Washington DC. This VA-HSR&D funded field-based research meeting is being co-hosted by the *VA Greater Los Angeles HSR&D Center of Excellence for the Study of Healthcare Provider Behavior, Women Veterans Health Strategic Health Care Group and RAND Corporation*. The meeting will bring together health services researchers, HSR&D leadership, policy makers, clinical managers, and other stakeholders to discuss research that supports improvements in health care access, quality, patient-centeredness and outcomes for Women Veterans.

### Advancing Implementation Science in VA

Brian Mittman, PhD

This meeting will be held by invitation in Denver in late July and will build on the 2008 QUERI supported workshop for GRECC and MIRECC researchers and on-going training aimed at building knowledge and skills in implementation research. This meeting will include workshop and paper sessions aimed at advancing VA work in the field of implementation research and promoting partnerships among QUERI Centers, HSR&D Centers of Excellence and VHA operations partners.

For more information about the HSR&D Field Based Meetings go to:

<http://www.hsrd.research.va.gov/meetings/2010/default.cfm>

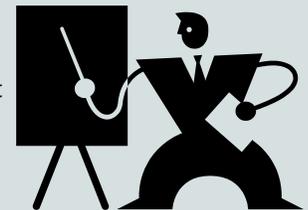
## Training Provided by the COE

### PhD Professional Development Seminar Series

Senior Center PhD faculty sponsor a monthly professional development seminar series for PhD trained Center investigators (career development awardees and candidates, postdoctoral and pre-doctoral fellows and staff) focused on development of career trajectories, methodological/theoretical advances, grant-making (VA and non-VA), collaboration/team building (within and outside the COE), and academic promotion issues. In its third year, the seminar participants continually identify priority topics, including VA HSR&D funding proprieties, building sustainable research portfolios, and writing/publishing guidance, in addition to special needs and interests requiring invitations from speakers outside the Center (e.g., strategies for pursuing an NIH K award as a VA investigator).

### Seminar Series for Career Development Awards

This year, the Center also started a VA HSR&D Center Career Development Award (CDA) Seminar Series to help prepare young investigators for considering and writing effective applications. Designed as a 8-part seminar series, the first three have been presented to groups of ten MD and PhD investigators thus far.



## Center at the 2009 HSR&D National Meeting

These presentations and talks were delivered by our Center core affiliated investigators and staff during the 2009 HSR&D National Meeting: Defining Optimal Care: Balancing Cost, Quality and Patient Preferences held at the Waterfront Marriott in Baltimore, Maryland, February 11-13, 2009.

For a list of all Abstracts from this meeting go to:

<http://www.hsr.d.research.va.gov/meetings/2009/abstracts.cfm>

### Plenary Talks and Workshops

**Spiegel BM, Shekelle P, Talley J, Chan M, Cohen H**—Impact of a Novel Patient Education Booklet on Colonoscopy Preparation in Veterans.

**Mittman BS, Smith JL, Stetler CB**—Implementation Research Methods and Frameworks: Introductory Workshop.

**Yano EM, Bean-Mayberry B, Hayes P, Wright S, Schnurr P, Washington DL**—Effectively Integrating Women Veterans into VA Health Services Research.

### Oral Presentations

**Bean-Mayberry BA, Fine MJ, Mor M, Rose DE, Wright S, Yano EM**—Gender and Equity in the VA: Does Quality of Care Look the Same by Gender?

**Chinman MJ, Lucksted A, Gresen R, Davis M, Losonczy M, Sussner B, Martone L, Young A**—Using Stakeholder Assessments to Improve Implementation of the VA Uniform Service Package.

**Goetz MB, Knapp H, Henry SR, Hoang T, Anaya H, Gifford A, Asch S**—Regional Rollout of a Program to Improve HIV Testing Rates.

**Rosenfeld KE, Steckart MJ, Riopelle DD, Magner-Perlin ML, Lorenz K, Lee ML, Wagner GJ**—Prognosis-Based Palliative Care Management: Impact on End-of-Life Resource Use.

**Sherman S, Cummins S, York LS, Finney J, Kalra P, Kuschner W, Guvenc-Tuncturk S, Zhu SH**—Results from a Study of Telephone Care Coordination for Smoking Cessation.

**Sherman SE, Cummins S, Finney J, Kalra P, Kuschner W, York LS, Zhu SH**—Engaging VA Patients in Telephone Counseling for Smoking Cession: Results of a Telephone Care Coordination Program.



### Posters

**Anaya HD, Feld JE, Golden JF, Bokhour BG, Knapp H**—Qualitative Assessment of Implementing Routine Rapid HIV Testing.

**Farmer MM, Yano EM, Sherman SE, Lanto AB, Riopelle DD**—Implementation of Smoking Cessation Treatment Guidelines: Do Strategies Around Counseling Translate to Treatment?

**Rose DE, Washington DL, Bean-Mayberry BA, Yano EM**—Changes in Basic and Specialty Services Available On-Site for Women Veterans, 2001-2007.

**Scheuner MT, Rubenstein LV, Oishi S, Simon B, Austin C, Goldzweig C, Yano EM**—Lack of Structured Family History Capture in CPRS Limits Opportunities for Risk Assessment and Prevention.

**Scheuner MT, Oishi SM, Simon B, Rubenstein LV, Yano EM**—Priorities for Delivering and Studying Health Services Genomics: Results from an Expert Panel.

**Yano EM, Bean-Mayberry B, Lanto AB, Washington DL**—Barriers to Delivering Quality Care to Women Veterans: Competing Demands, Lack of Proficient Providers, and Inadequate Resources for Outreach.

## Dr. Elizabeth Yano Receives Best Abstract at AcademyHealth



Dr. **Elizabeth Yano, PhD, MSPH** was awarded Best Abstract at the 2009 AcademyHealth Annual Research meeting, June 30th, 2009. Her abstract, titled "*Impact of Practice Structure on the Quality of Care for Women Veterans*", discusses preliminary attempts to systematically evaluate the quality of care for women veterans in VA settings, filling a crucial gap in VHA's ability to reduce gender disparities and arm VHA care managers with an evidence base for adapting care arrangements that optimize the outcomes and satisfaction of women veterans.

Dr. Yano thanks the VA for their unflinching support of her ongoing work with women veterans and quality improvements to women's health practice structure and provider services.





## Center Publication Highlights

### Determining Key Features of Effective Depression Interventions

A variety of organizational changes aimed at improving care for depression in primary care have been tested. Yet evidence-based guidance for healthcare organizations and their primary care practices regarding organizational changes are necessary for achieving improved depression outcomes is lacking. Current clinical guidelines for depression address depression treatment for patients detected in primary care. Current research indicates that, under usual care conditions, less than half of primary care patients found to have major depression complete minimally adequate medications or psychotherapy. Center investigators **Lisa Rubenstein, MD, MSPH, Paul Shekelle, MD, PhD, and Margorie Danz, MD** authored this Evidence Synthesis review to establish a basis for organizational guidelines or best practices for achieving improved depression care. The key questions addressed in the review were:



1. What is the core set of intervention features that characterize collaborative care interventions, and which additional features are most linked to enhanced outcome effects?
2. Are there specific evaluation features among randomized trials of collaborative care that are associated with effect size differences, independently of intervention features?
3. To what extent is collaborative care more effective than usual care for decreasing depressive symptoms among patients with comorbid mental health conditions (PTSD, dementia, anxiety, dysthymia, substance abuse) or medical conditions?

For more information on the Evidence Synthesis Program or to download a PDF copy of this report, go to: <http://www.hsrd.research.va.gov/publications/esp/>

### HIV/Hepatitis QUERI Videos

- **HIV Oral Rapid Test**, Herschel Knapp, PhD, MSSW  
This video for VA clinicians presents information on HIV oral rapid testing, including the consent process, test storage, test administration, test interpretation and disposal, and instructions for entering the test results and orders in CPRS.
- **QUERI HIV Testing Initiative**, Herschel Knapp, PhD, MSSW  
This video for VA clinicians presents a team-based approach to identifying veterans with HIV, using clinical reminders, multimedia, and ongoing support.
- **HIV Education Module: Routine Oral HIV Rapid Testing at the VA**, Dr. Benjamin Sun  
This video for VA clinicians, researchers, and patients provides one possible model for reducing provider workload related to pre-test HIV counseling. It is intended as a resource for other VA medical centers to use at a kiosk or a Windows XP-based computer. The video will be implemented at the West Los Angeles VA Medical Center. HIV/Hepatitis QUERI can provide copies of the kiosk module to other VA facilities that are interested in ambulatory care in rapid HIV testing within the ambulatory care setting.
- **Using QUERI and Implementation Science Theories and Frameworks to Improve Access and Equity**, Randal Henry, DrPH, MPH  
This video for VA clinicians, managers, and policymakers aims to encourage the quality improvement community to address impaired access and inequitable distribution of care, encourage healthcare providers that focus on issues related to access and equity to utilize implementation research, and promote the use of implementation science to reduce health disparities.



### Center Publications

This list of selected Center publications has been chosen from the 68 peer-reviewed manuscripts published by our Center core and affiliated investigators during Fiscal year 2009.



1. **Bean-Mayberry B, Yano EM, Mor MK, Bayliss NK, Xu X, Fine MJ.** Does sex influence immunization status for influenza and pneumonia in older veterans? *Journal of The American Geriatrics Society.* 2009 Aug 1; 57(8):1427-32.
2. **Chodosh J, Edelen MO, Buchanan JL, Yosef JA, Ouslander JG, Berlowitz DR, Streim JE, Saliba D.** Nursing home assessment of cognitive impairment: development and testing of a brief instrument of mental status. *Journal of The American Geriatrics Society.* 2008 Nov 1; 56(11):2069-75.
3. **Chou AF, Yano EM, McCoy KD, Willis DR, Doebbeling BN.** Structural and process factors affecting the implementation of antimicrobial resistance prevention and control strategies in U.S. hospitals. *Health Care Management Review.* 2008 Oct 1; 33(4):308-22.
4. **Cordasco KM, Asch SM, Franco I, Mangione CM.** Health literacy and English language comprehension among elderly inpatients at an urban safety-net hospital. *Journal of Health and Human Services Administration.* 2009 Jan 1; 32(1):30-50.
5. **Eisenman DP, Glik D, Maranon R, Gonzales L, Asch S.** Developing a disaster preparedness campaign targeting low-income Latino immigrants: focus group results for project PREP. *Journal of Health Care For The Poor and Underserved.* 2009 May 1; 20(2):330-45.
6. **Eisenman DP, Glik D, Ong M, Zhou Q, Tseng CH, Long A, Fielding J, Asch S.** Terrorism-related fear and avoidance behavior in a multiethnic urban population. *American Journal of Public Health.* 2009 Jan 1; 99(1):168-74.
7. **Fickel JJ, Yano EM, Parker LE, Rubenstein LV.** Clinic-level process of care for depression in primary care settings. *Administration and Policy in Mental Health.* 2009 Mar 1; 36(2):144-58.
8. **Ganz DA, Fung CH, Sinsky CA, Wu S, Reuben DB.** Key elements of high-quality primary care for vulnerable elders. *Journal of General Internal Medicine.* 2008 Dec 1; 23(12):2018-23.
9. **Goebel JR, Doering LV, Evangelista LS, Nyamathi AM, Maliski SL, Asch SM, Sherbourne CD, Shugarman LR, Lanto AB, Cohen A, Lorenz KA.** A comparative study of pain in heart failure and non-heart failure veterans. *J Card Fail.* 2009 Feb 1; 15(1):24-30.
10. **Goldzweig CL, Towfigh A, Maglione M, Shekelle PG.** Costs and benefits of health information technology: new trends from the literature. *Health Affairs (Project Hope).* 2009 Jan 27; 28(2):w282-93.
11. **Grudzen CR, Timmermans S, Koenig WJ, Torres JM, Hoffman JR, Lorenz KA, Asch SM.** Paramedic and emergency medical technicians views on opportunities and challenges when forgoing and halting resuscitation in the field. *Academic Emergency Medicine.* 2009 Jun 1; 16(6):532-8.
12. **Henke RM, Zaslavsky AM, McGuire TG, Ayanian JZ, Rubenstein LV.** Clinical inertia in depression treatment. *Medical Care.* 2009 Sep 1; 47(9):959-67.
13. **Hoang T, Goetz MB, Yano EM, Rossman B, Anaya HD, Knapp H, Korthis PT, Henry R, Bowman C, Gifford A, Asch SM.** The impact of integrated HIV care on patient health outcomes. *Medical Care.* 2009 May 1; 47(5):560-7.
14. **Knapp H, Asch S.** Automating PowerPoint to expand healthcare education—a how-to guide. *Journal for Healthcare Quality : Official Publication of the National Association for Healthcare Quality.* 2008 Nov 1; 30(6):44-7.
15. **Kramer BJ, Jouldjian S, Washington DL, Harker JO, Saliba D, Yano EM.** Health care for American Indian and Alaska native women. *Women's Health Issues.* 2009 Mar 1; 19(2):135-43.
16. **Kramer BJ, Vivrette RL, Satter DE, Jouldjian S, McDonald LR.** Dual use of veterans health administration and Indian health service: healthcare provider and patient perspectives. *Journal of General Internal Medicine.* 2009 Jun 1; 24(6):758-64.
17. **Kramer BJ, Wang M, Jouldjian S, Lee ML, Finke B, Saliba D.** Veterans Health Administration and Indian Health Service: healthcare utilization by Indian Health Service enrollees. *Medical Care.* 2009 Jun 1; 47(6):670-6.
18. **Krebs EE, Lorenz KA, Bair MJ, Damush TM, Wu J, Sutherland JM, Asch SM, Kroenke K.** Development and initial validation of the PEG, a three-item scale assessing pain intensity and interference. *Journal of General Internal Medicine.* 2009 Jun 1; 24(6):733-8.
19. **Liu CF, Bolkan C, Chan D, Yano EM, Rubenstein LV, Chaney EF.** Dual use of VA and non-VA services among primary care patients with depression. *Journal of General Internal Medicine.* 2009 Mar 1; 24(3):305-11.
20. **Lorenz KA, Dy SM, Naeim A, Walling AM, Sanati H, Smith P, Shanman R, Roth CP, Asch SM.** Quality measures for supportive cancer care: the Cancer Quality-ASSIST Project. *Journal of Pain and Symptom Management.* 2009 Jun 1; 37(6):943-64.
21. **Lorenz KA, Sherbourne CD, Shugarman LR, Rubenstein LV, Wen L, Cohen A, Goebel JR, Hagenmeier E, Simon B, Lanto A, Asch SM.** How reliable is pain as the fifth vital sign? *Journal of the American Board of Family Medicine.* 2009 May 1; 22(3):291-8.
22. **Luck J, Hagigi F, Parker LE, Yano EM, Rubenstein LV, Kirchner JE.** A social marketing approach to implementing evidence-based practice in the VHA QUERI: the TIDES depression collaborative care model. *Implementation Science.* 2009 Sep 28; 4(1):64.
23. **Parker LE, Kirchner JE, Bonner LM, Fickel JJ, Ritchie MJ, Simons CE, Yano EM.** Creating a quality-improvement dialogue: utilizing knowledge from frontline staff, managers, and experts to foster health care quality improvement. *Qualitative Health Research.* 2009 Feb 1; 19(2):229-42.
24. **Pyne JM, Asch SM, Lincourt K, Kilbourne AM, Bowman C, Atkinson H, Gifford A.** Quality indicators for depression care in HIV patients. *AIDS Care.* 2008 Oct 1; 20(9):1075-83.
25. **Rongey CA, Kanwal F, Hoang T, Gifford AL, Asch SM.** Viral RNA testing in hepatitis C antibodypositive veterans. *American Journal of Preventive Medicine.* 2009 Mar 1; 36(3):235-8.
26. **Roth CP, Lim YW, Pevnick JM, Asch SM, McGlynn EA.** The challenge of measuring quality of care from the electronic health record. *American Journal of Medical Quality.* 2009 May 29; 24(5):385-94.
27. **Rubenstein LV, Hempel S, Farmer MM, Asch SM, Yano EM, Dougherty D, Shekelle PW.** Finding order in heterogeneity: types of quality-improvement intervention publications. *Quality & Safety in Health Care.* 2008 Dec 1; 17(6):403-8.
28. **Rubenstein LV, Rigotti NA.** The SGIM policy analysis: supporting the generalist voice for participation in policymaking. *Journal of General Internal Medicine.* 2009 Jul 1; 24(7):888-9.
29. **Schutte K, Yano EM, Kilbourne AM, Wickrama B, Kirchner JE, Humphreys K.** Organizational contexts of primary care approaches for managing problem drinking. *Journal of Substance Abuse Treatment.* 2009 Jun 1; 36(4):435-45.
30. **Shekelle PG.** Appropriateness criteria: a useful tool for the cardiologist. *Heart.* 2009 Apr 1; 95(7):517-20.
31. **Sherbourne CD, Asch SM, Shugarman LR, Goebel JR, Lanto AB, Rubenstein LV, Wen L, Zubkoff L, Lorenz KA.** Early identification of co-occurring pain, depression and anxiety. *Journal of General Internal Medicine.* 2009 May 1; 24(5):620-5.
32. **Young AS, Klap R, Shoai R, Wells KB.** Persistent depression and anxiety in the United States: prevalence and quality of care. *Psychiatric Services.* 2008 Dec 1; 59(12):1391-8.



## CENTER INVESTIGATORS

Lisa Altman, MD  
Henry Anaya, PhD (QUERI HIV/Hepatitis C)  
Steven Asch, MD, MPH (QUERI HIV/Hepatitis C)  
Bevanne Bean-Mayberry, MD, MHS (CDTA)  
Matthew J. Chinman, PhD (MIRECC)  
Joshua Chodos, MD, MSHS (Former CDA, GRECC)  
Amy Cohen, PhD (MIRECC)  
Aram Dobalian, PhD, JD (Former MREP)  
Melissa Farmer, PhD (Former MREP)  
Jacqueline Fickel, PhD, MPH (Former AIA)  
S. Randal Henry, DrPH, MPH (QUERI HIV/Hepatitis C)  
David A. Ganz, MD, PhD (CDA-2)  
Peter Glassman, MBBS, MSc  
Matthew B. Goetz, MD (QUERI HIV/Hepatitis C)  
Josea Kramer, PhD (GRECC)  
Martin L. Lee, PhD  
Jennifer Malin, MD, PhD  
Brian Mittman, PhD, MA  
Kenneth Rosenfeld, MD (Former CDA)  
Lisa V. Rubenstein, MD, MSPH  
Debra M. Saliba, MD, MPH  
Maren T. Scheuner, MD, MPH  
Paul Shekelle, MD, PhD  
Lynn Soban, PhD, RN (CDA-2)  
Brennan Spiegel, MD, MSHS (CDTA)  
Stephanie Taylor, PhD  
Susan Vivell, MBA, PhD, MA  
Donna L. Washington, MD, MPH  
Elizabeth Yano, PhD, MSPH  
Alex Young, MD, MSHS (MIRECC)

## AFFILIATED INVESTIGATORS

Cathy Alessi, MD (GRECC)  
Barbara Bates-Jensen, PhD, RN  
Alison Hamilton, PhD (UCLA)  
Eric Cheng, MD, MS (PADRECC)  
Ann Chou, PhD  
Karen Connor, PhD, RN  
Kristina Cordasco, MD  
Theresita Corvera-Tindel, PhD, RN  
Denise Feil, MD, MPH (Former CDA, GRECC)  
Shirley Glynn, PhD (MIRECC)  
Caroline L. Goldzweig, MD, MSHS  
Farhad "Fred" Hagigi, DrPH, MBA (UCLA)  
Theodore Hahn, MD (GRECC)  
Uday Karmarkar, PhD (UCLA)  
Clifford Ko, MD  
Jeffrey Luck, PhD, MBA (UCLA)  
Jennifer Magnabosco, PhD  
Stephen R. Marder, MD (MIRECC)  
Jennifer Martin, PhD (Former AIA) (GRECC)  
Lisa S. Meredith, PhD (RAND)  
Bruce Naliboff, PhD (MIRECC)  
Jack Needleman, PhD (UCLA)  
Patricia H. Parkerton, PhD, MPH (UCLA)  
Marjorie Pearson, PhD (RAND)  
Laurence Z. Rubenstein, MD, MPH (GRECC)  
Catherine Sarkysian, MD, MSPH (GRECC)  
Cathy Sherbourne, PhD (RAND)  
Ben Sun, MD  
Barbara G. Vickrey, MD, MPH (PADRECC)

## CORE AND AFFILIATED SITES

**Sepulveda Ambulatory Care Center & Nursing Home**  
16111 Plummer Street  
Sepulveda, CA 91343

**West Los Angeles VA Healthcare Center**  
11301 Wilshire Boulevard  
Los Angeles, CA 90073

**University of California, Los Angeles (UCLA) Schools of Medicine and Public Health**  
10833 LeConte Ave  
Los Angeles, CA 90095

**RAND Health**  
PO Box 2138  
1776 Main Street  
Santa Monica, CA 90407

## CENTER STAFF

Anna Liza Antonio	Lisa Hayden, PhD	Jennifer Pope, BS
Courtney Armstrong, BA	Allyson Hemstreet, BA	Shannon Prudholme
Jia Bai, BA	Tuyen Hoang, PhD	Deborah Riopelle, MSPH, CPhil
Candice Bowman, PhD, RN	Wendy Hsiao	Danielle Rose, PhD, MPH
Nui Brown	Uyi Igodan	Hemen Saifu
Zebada Brown, AA	Deborah Jenkins, MA*	Negar Sapir, MPH
Jane Burgess, RN	Megan Johnson	Albert Shamouelian, BS
Jaimi Butler, MS	George Joseph, MS, PharmB	Rebecca Shoai, MSW, MPH
Ismelda Canelo, MPA	Ruth S. Klap, PhD	Lisa Shugarman, PhD
Mark Canning, BA	Herschel Knapp, PhD, MSSW	Alissa Simon, MFA
Brittney Chow, BS	Andrew Lanto, MA	Nina Smith, MPH*
Maria Claver, PhD	Cynthia Law, BA	Jillisa Steckart, PsyD
Angela Cohen, MPH, CHES	Jennifer Levine, PhD	Su Sun, MPH
Erin Conners, BA	Sarah Longino, MA	Jennifer Talley, MSPH
Maritess Coronel	Revana Lukman	Lisa Tarr
Kristen Cribbs, BA	Casey MacGregor, MSW	Anne Taylor
Marjorie Danz, MD	Isomi Miake-Lye, BA	Diana Tisnado, PhD
Marlin Elenes*	Jennifer L. Magnabosco, PhD	Mingming Wang, MPH
Ray Flennaugh, BA	Meredith Magner, MPH	Chad Williams
Michael D. Fletcher, BA, MHP	Michael Mitchell, PhD	Tamar Wyte, DPT, MPH
Darya Friedman, MPH	Debbie Mittman, MPS	David Yano
Cynthia Gammage, BA*	Sabine Oishi, MSPH, CPhil	Laura York, MA, Cphil
Sam Garcia, MFA	Carole Oken, MA	Julia A. Yosef, MA
Risha Gidwani	John Ordunez, BA	Heather Zymewski
Joy Goebel, PhD	Jennifer Peralta	
Joya Golden, MSW	Carla Phillips	*Newsletter Staff

**For more information on Center activities please visit our website:**

[www.providerbehavior.research.va.gov](http://www.providerbehavior.research.va.gov)



**VA HSR&D CENTER OF EXCELLENCE FOR THE STUDY OF HEALTHCARE PROVIDER BEHAVIOR**

**VA Greater Los Angeles Healthcare System  
Sepulveda Ambulatory Care Center & Nursing Home**  
16111 Plummer Street (152)  
Building 25  
Sepulveda, CA 91343

Phone (818) 895-9449  
Fax (818) 895-5838