



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

NEWSLETTER

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 EC = Executive Committee

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Center Researchers Support VA System Redesign for Patient Centered Care

The VA Office of Patient Care Services has embarked on an exciting (and daunting) journey to redesign VA primary care. The reorganization follows principles of the widely-recognized patient centered medical home—a concept that focuses on delivering team-based primary care that is planned around patient needs and preferences. The VA aptly renamed this concept “Patient Aligned Care Teams” (PACTs).



The VA HSR&D Center for the Study of Healthcare Provider Behavior, with key partners from HERC, UCLA and RAND, was awarded funding as one of five VA Demonstration Laboratories. These Labs are designed to support PACT through health services research/clinical partnership. Our Center’s Lab, under the direction of Drs. Lisa Rubenstein, Elizabeth Yano, Lisa Altman, Tim Dresselhaus, and Daniel Castro, is named the VISN 22 VA Information Laboratory for Patient-Centered Care (VAIL-PCC). VAIL uses evidence-based quality improvement (EBQI) and interdisciplinary clinical leadership to enhance PACT implementation and to develop and test advanced tools and strategies for achieving PACT goals. The Lab’s evaluation team will assess the process and impacts of EBQI on PACT success in VISN 22, with particular focus on assessing provider satisfaction and skills, achievement of high team functioning, and impacts on the

economy of care. The evaluation will also test effects on quality of chronic and mental illness care. Through its work, and partnership with the PACT Lab Coordinating Center in Seattle, VAIL aspires to become a national resource

(Continued on page 2)

Table of Contents	
Research Highlights	1-6
Center Highlights	7
Professional Development	8
Fellowship Programs	9
Publication Highlights	10
Center Publications	11
Investigators & Staff	12

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.

(Continued from page 1)

for PACT-related quality improvement tools and methods.



The accompanying photographs are from VAIL's first collaborative, held in Carlsbad, California in September 2010. Participants included clerks, nurses, system redesign experts, specialists, and patients, as well as health services researchers, and focused on hands-on learning and idea exchange for PACT quality improvement. Following this activity, VAIL assisted VISN 22 in identifying priorities for PACT innovation and in reviewing over thirty proposals for PACT-related improvements submitted by participating primary care practices and medical centers.

The VAIL project follows two decades of Center work on primary care. For example, Center investigators Elizabeth Yano, PhD & **Danielle Rose, PhD** recently worked with VA's primary care leaders to analyze area and organizational determinants of medical home readiness using ACP's Medical Home Practice Biopsy tool fielded to all 850 VA primary care clinics, which helped guide national implementation planning. ✎



For more information about the VAIL-PCC Project, please contact:

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For more information on PACT go to:

<http://www.va.gov/PRIMARYCARE/PACT/index.asp>



New Toolkit Series Website Offers Resources for Improving Quality of Care Across VA

RESEARCH HIGHLIGHTS



Last November saw the launch of a new website aimed at facilitating quality improvement efforts across VA hospitals and clinics nationwide. The VA Quality Improvement Toolkit Series, under the leadership of **Jennifer Malin, MD, PhD,** and

Steven Asch, MD, MPH, is the result of a unique partnership that supports and expands the efforts of the Office of Systems Redesign and the Office of Quality and Performance. Early use of the website suggests that VA users welcome this innovative, centralized quality improvement resource--although it has been available for only a few months, the website has been accessed by over 600 unique users representing every VISN.

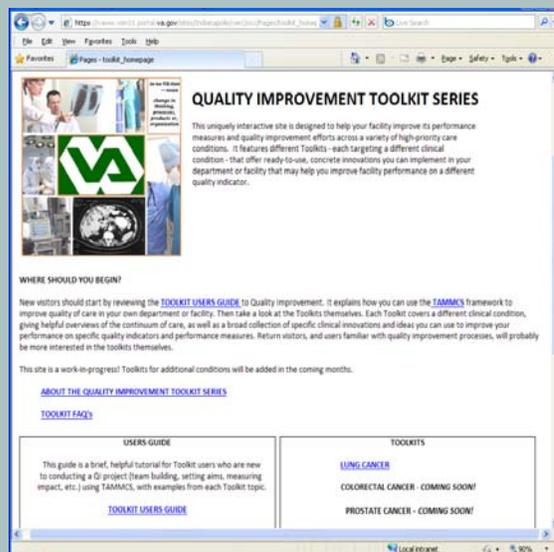
The Quality Improvement Toolkit Series produces and disseminates web-based resource collections, or "Toolkits," each targeting a different high-priority condition. Each Toolkit presents innovations—technical, clinical, and organizational tools—that are currently in use at a VA or non-VA health care facility. The Toolkit development team collects potential tools through interviews and expert literature, then carefully matches each innovation to one or more OQP performance metrics. By providing a single, easy-to-use website where users can access innovations that may help them improve sub-optimal performance on specific metrics, the Toolkit Series project offers an important new resource for improving the quality of care delivery across VA.

The Toolkits are designed for use by VA clinical managers, quality managers, and policymakers in order to improve diagnosis, treatment, and patient outcomes for high-priority conditions. The types of tools presented include CPRS order sets, CPRS clinical reminders, patient registries, service agreements, and care process flow maps. The Toolkit Series website also provides an overview of systems redesign principles and processes, encouraging users to implement the tools presented using these rigorous quality improvement methods. Currently the Quality Improvement Toolkit: Lung

Cancer Care is available. The Toolkit for colorectal cancer care will be available in March 2011, while other Toolkit topics under development include prostate cancer, supportive cancer care, and hepatocellular carcinoma.

An extensive evaluation of uptake and dissemination of each Toolkit is planned. Assessment of the first Toolkit, on lung cancer care, will include extensive qualitative interviews about facility performance and Toolkit use with a sample of the 126 facilities that received performance results from the recent OQP Lung Cancer Special Study. User access of the Toolkit Series website, direct downloads of tools, and other site use patterns will also be assessed. Similar evaluation steps will be conducted for subsequent Toolkits.

The Toolkit Series development team is based at VA Greater Los Angeles Healthcare System and at VA Center for Applied Systems Engineering (VA-CASE, Indianapolis). ☒



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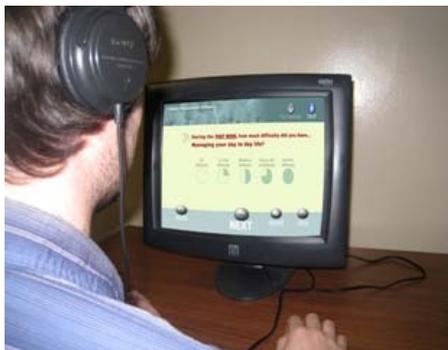


Improving the Quality of Care for Veterans with Schizophrenia

Schizophrenia is the most common serious mental illness and, when poorly treated, results in substantial morbidity and mortality. There is considerable functional impairment associated with schizophrenia and the disorder accounts for 10% of the permanently disabled population.

Evidence-based practices exist, but most patients do not receive these services. There have been no multisite studies that have substantially improved the quality of care for schizophrenia within the context of usual care arrangements. VA HSR&D QUERI supported "Enhancing Quality of Care in Psychosis" (EQUIP), a study evaluating implementation of evidence-based practices (EBP) for schizophrenia in specialty mental health programs at medical centers in 4 VA networks.

EQUIP was led by **Alexander S. Young, MD, MSHS** and **Amy N. Cohen, PhD**, at the Los Angeles HSR&D Center of Excellence, and included a team of policy-makers, researchers and clinicians at 8 VA medical centers. The study was a clinic-level controlled trial involving 8 specialty mental health clinics across 4 VISNs; including 801 veterans and 204 providers and managers. The trial utilized a hybrid (implementation / effectiveness) design to close gaps in care. One targeted EBP for improvement was Supported Employment (SE). SE has been shown to improve outcomes and facilitate independence and the only eligibility requirement is that an individual express a desire to return to work. EQUIP worked with each site's SE specialist to understand where gaps in care existed locally. Several barriers were evident: 1) providers were unaware of the eligibility criteria for SE; 2) providers did not know which of their patients wanted to return to work; 3) the SE referral process was cumbersome or misunderstood; 4) SE had limited capacity. We used implementation strategies and tools including social marketing, opinion leaders, provider and patient education, and continual feedback to staff. Patient kiosks were developed and placed in waiting rooms. At each clinic visit, patients responded to questions about employment.



EQUIP Patient Kiosk

If the individual expressed a desire to work, the kiosk printed a page of "talking points" so that the individual could advocate for a referral to SE. As well, kiosk data were continuously reported to providers to identify appropriate referrals and to monitor quality improvement. EQUIP collaborated with local SE specialists to provide education to clinicians about SE, to embed an SE

specialist on clinic care teams to increase appropriate referrals and ease the referral process, and to examine their existing SE caseload in order to increase capacity. Lastly, to foster a quality improvement environment at the clinic and support trial implementation, the study supported the establishment of an EBQI team at each intervention site. These QI teams were each led by the Local Recovery Coordinator at the site and were cross-disciplinary. The teams were trained in QI team formation, mission and goal setting, problem identification, and the use of quality improvement cycles (PDSA—Plan, Do, Study, Act). These QI teams worked on locally identified gaps in care.

The implementation efforts of this study were successful in improving the quality of care for individuals with schizophrenia; specifically the study improved appropriateness of care by identifying patients' needs and preferences around work and increasing utilization of SE services. At baseline, 15% of patients were working, and 53% wanted to work. Results indicate that interested individuals at intervention sites were more likely to utilize SE services during the study as compared to individuals at control sites. Two sites used the kiosk data regarding the proportion of patients who wanted to return to work to increase capacity by hiring another SE specialist and to reorganize care so that psychology interns could provide SE services. ✦

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Risk Factors for Homelessness among Women Veterans

Ending homelessness among Veterans within the next 5 years is one of the top VA priorities. An estimated 26% of homeless adults are Veterans, and women who have served in the U.S. military are three to four times more likely to become homeless than non-Veteran women. Risk factors for homelessness among women Veterans had not previously been defined. Therefore, Drs., **Donna Washington, MD, Elizabeth Yano, PhD** and colleagues conducted a case-control study which sought to determine risk factors associated with homelessness in non-institutionalized women Veterans (n=33), and to compare their health and health care use with that of a matched sample of housed women Veterans (n=165) in Los Angeles County.



The main findings of this study were:

- ◆ Among women Veterans, being unemployed, disabled, or unmarried were the strongest predictors of homelessness.
- ◆ Homeless women Veterans also were significantly more likely than housed women Veterans to have low incomes, to have experienced military sexual assault (53%), to be in fair to poor health, to have diagnosed medical conditions, and to screen positive for anxiety disorder and/or PTSD.
- ◆ Homeless women Veterans were significantly *less likely* than housed women Veterans to be college graduates. They also were less likely to have health insurance, and they were more likely to have used mental health services, VA health care, or been hospitalized in the prior 12 months.
- ◆ Homeless Veterans had an average of four entries into and exits out of homelessness, and the median length of time they spent being homeless (over lifetime) was 2.1 years.
- ◆ Of the homeless women Veterans, 16% had children under the age of 18 living with them in the prior 12 months.

Implications of this study are that interventions to address homelessness should be aimed at both alleviating homelessness and its consequences, as well as preventing homelessness in at-risk women (e.g., expanding availability of college education, job training, and transitional housing). It also suggests that efforts to assess housed women Veterans' risk factors for homelessness be integrated into clinical care programs within and outside VA. ❏

Citation:

Washington DL, Yano EM, McGuire J, Hines V, Lee M, Gelberg L. Risk Factors for Homelessness among Women Veterans. *Journal of Health Care for the Poor and Underserved* 2010;21(1):81-91.



Other COE researchers are involved in developing interventions for homelessness within PACT, **Lillian Gelberg, MD**, **Tim McGuire, PhD**, and two rapid response projects focusing on developing a basis for interventions to reduce homelessness, **S. Randall Henry, DrPH**.

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Research Project & Program Updates

A New Center to Strengthen Evidence-Based Emergency Management

VHA's little studied "Fourth Mission" is to improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters. Under Secretary Shinseki's T-21 transformation initiative, these responsibilities are reflected in Initiative 9. VHA's Office of Public Health and Environmental Hazards (OPHEH) tasked COE researchers with establishing a comprehensive VHA emergency management research and program evaluation agenda. With a focus on the needs of VHA's Comprehensive Emergency Management Plan, COE researchers led by Dr. **Aram Dobalian** developed an action plan and evidence base for agenda-setting and convened a consensus development conference among researchers and practitioners from across the U.S. to establish research and program evaluation priorities. The resulting agenda has since been shared with the Office of the Assistant Secretary for Preparedness and Response (ASPR) of the US Department of Health & Human Services. ASPR is working with VA and other federal agencies to establish an interagency research agenda as part of its Congressional mandate under the National Health Security Strategy. OPHEH subsequently requested that the conference become an annual event, with the second VHA Comprehensive Emergency Management Program Evaluation and Research (CEMPER) Conference already completed.

Enhanced Implementation of HIV Screening in VA Settings

Center researchers within the QUERI HIV/Hepatitis have pursued a suite of projects that have successfully promoted risk- and non-risk based HIV testing in diverse VA settings. Drs. **Matthew Goetz**, **Steven Asch** and **Henry Anaya** are assessing the generalizability of a prior multi-modal intervention consisting of computerized decision support, provider education/feedback and organizational change that significantly increased HIV testing rates in at-risk individuals in VISN 22 to 3 new VISNs. They are evaluating implementation barriers and facilitators, and assessing the degree to which ongoing involvement by the project team is necessary to maximize programmatic impacts. Early 6-month results demonstrate adjusted HIV testing incidence among persons with known HIV risk factors to have increased from 4.4% to 12.1% for sites that received ongoing QUERI support compared to 4.5% to 8.3% for sites that relied on local resources alone. Nurse-based HIV rapid testing, tested and found to be efficacious in a single-site study at GLA, is now being evaluated to



determine whether it may be routine offered and integrated into normal clinic workflow in two new VA facilities.

Lending Health Services Research Expertise to Improving the Quality of VA Palliative Care Services

The VA Palliative Care Quality Improvement Resource Center (QuIRC) is one of three Centers supporting the VA's Comprehensive End-of-Life Care (CELC) Initiative, a \$250 million national expansion of palliative care access in VA's 153 hospital network. Led by the Center's End of Life Care SPA lead, Dr. **Karl Lorenz**, QuIRC provides technical assistance to VA providers through effective implementation of hospice and palliative care performance measures. QuIRC works to identify, develop, and disseminate effective palliative care QI informatics tools, focusing on provider practice tools that may be integrated with existing VA clinical care data systems to improve communication of symptoms and quality of life of veterans. In anticipation of a national mandate to electronically capture palliative care consult workload by FY12, Dr. Lorenz and colleagues have developed a Palliative Care Workload Module (PC-WM) 2.0 and distributed the implementation package for national standardization. They also developed the Palliative Care National Clinical Template (PC-NCT) 1.0, an optional tool to improve and capture important aspects of bedside care. Facilities in five VISNs are currently piloting PC-NCT 1.0 prior to national roll-out. Evaluations of both implementation processes for both tools are underway.

Continued Service in VA's Efforts to Integrate Primary Care and Mental Health Services

Building on the Center's 10+ year track record of studies to adapt, implement, spread and sustain depression collaborative care models in VA primary care settings (e.g., TIDES, WAVES, ReTIDES), COE investigators continued to provide service to VA Central Office's efforts in primary care-mental health integration. Dr. **Lisa Rubenstein** continued to provide expert technical guidance and review, while Dr. **Susan Vivell** continued to organize education/training related to depression care management, informatics tools and other TIDES tools, and Dr. **Jacqueline Fickel** worked with VISN 22 and GLA leaders in primary care and mental health to evaluate and sustain integration efforts. The VISN-wide Steering Committee and facility-level partners are now joining up with VISN 22's implementation of Patient Aligned Care Teams (PACTs).

(Continued on page 7)

(Continued from page 6)

Development of a Health Services Genomics Research Program

Maren T. Scheuner, MD, MPH, is one of the few health services researchers who is also trained in medical genetics. Recruited to the COE as part of VA HSR&D's Health Services Genomics Pilot Program, Dr. Scheuner has received CDC and VA funding for health services genomics research projects. A CDC-funded project involves development, implementation and evaluation of a multi-component education program designed to improve genetic risk assessment and management of hereditary cancer syndromes in VA clinics. After 9 months of implementation, Scheuner has been able to demonstrate improved documentation of cancer family history and appropriate referral of high-risk patients for genetic consultation- both have been facilitated primarily by a CPRS reminder with template. She and Dr. **Elizabeth Yano** have also been funded to design and field a series of

national VA organizational surveys examining implementation of clinical genetic services in primary care, oncology, cardiology, neurology, and pathology and laboratory medicine. This year, their team has completed most of the qualitative interviews that will inform survey development, identifying widely varying utilization, perceived needs and delivery models of genetic services in VHA according to specialty. Scheuner has also recently received funding from QUERI to assess barriers to implementation of Lynch syndrome screening in VISN22. Lynch syndrome is the most common form of hereditary colon cancer, and a national roll out for Lynch syndrome screening is planned. Scheuner is also leading a strategic planning initiative with 14 clinical experts for the VISN22 Genomic Medicine Program. The strategic planning is addressing issues such as defining the utility of genetic test results, recommending strategies to improve access to genetic services to Veterans, and developing methods for display of genetic test results in CPRS, all of which are contributing to policy development for clinical genetic services for VHA. ✎

Center Staff Updates



Jill Darling, BA joined the GLA HSR&D Center of Excellence in September 2010 as Survey Director for VAIL-PCC (the Center's VISN 22 PACT system redesign implementation and evaluation) and as team lead for the program's Patient Experiences Survey evaluation

component. She is also assisting with the VAIL-PCC program's complex IRB submission, acting as survey consultant, developing QI data collection privacy and confidentiality protocols, and rapidly adapting to life in the interesting and sometimes challenging VA environment. Jill's educational background is in mathematics, but her expertise is in the development of state of the art research designs, development and testing of survey instruments, and the design and management of large-scale data collections. She is also expert in focus group and interview methods, and in the development of survey field protocols and manuals for training of data collection staff.

Alison Hamilton, PhD, MPH, a psychiatric anthropologist, is focused on implementation research in her most recent roles as an investigator in the Center for Implementation Practice & Research Support (CIPRS) and the VA Women's Health Research Network. Affiliated with the GLA for over 9 years, she first worked with Dr. **Alexander Young** and



colleagues on the QUERI study, Enhancing Quality in Psychosis (EQUIP). Currently, Dr. Hamilton is PI of the SAMHSA-funded "Evaluation of New Directions North's Supported Employment Program for Homeless Veterans," Co-Investigator on the HSR&D-funded study of adoption and delivery of genomic medicine, and lead of the VISN 22 PACT Demonstration Lab's implementation evaluation. Awarded an NIMH/VA Implementation Research Institute fellowship, Dr. Hamilton is also studying blended interventions focused on women's mental health care delivery. She is also an Associate Research Anthropologist in the UCLA Department of Psychiatry, funded by a NIDA Career Development Award (K01 DA017647).

Kevin Heslin, PhD, is a Research Health Scientist in the new national VA Emergency Management Evaluation Center (VEMEC) at Greater Los Angeles. He comes to the COE with more than eight years of experience in teaching and research on access to health services and health outcomes in marginalized populations, particularly among individuals with substance use disorders. With his new VEMEC colleagues, he is currently examining racial/ethnic differences in disaster preparedness among veterans in California, as well as the differential impact of the 1994 Northridge earthquake on veterans screening positive for substance misuse.



(Continued on page 8)

CENTER HIGHLIGHTS



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.

Health Services Research Fellows



Sonali Kulkarni, MD (3rd year), focused on health consequences of incarceration, is developing quality indicators for the California Department of Corrections and Rehabilitation, and examining comparative effectiveness of rapid HIV testing in the L.A. County jail.

Rhonda Mattox, MD (3rd year) has been studying the interface between mental health and media in African American communities, exploring mental health messages in televised sermons, working with the BET Network on a women's health symposium, and now engaged in a policy elective in Washington DC with SAMHSA to develop a media campaign to reduce mental health stigma in faith-based communities.



Sierra Matula, MD (3rd year) has been evaluating the quality of care delivered by Operation Access, which partners medical volunteers, hospitals, and local clinics to provide non-emergent surgical/specialty services to uninsured. She also worked with the American

College of Surgeons (ACS) and Operating Giving Back to explore surgeons' behaviors/attitudes toward addressing surgical needs of the uninsured and Medicaid patients. She is also working with ACS's NSQIP data to identify quality improvement targets in general surgery.

VA-RWJ Clinical Scholars

Michael Hochman, MD (1st year, Internist, Harvard Medical School) has completed Scholars' coursework and is pursuing a UCLA MPH, while exploring approaches to improving primary care infrastructure in the context of efficient resource use.



Lauren Patty, MD (1st year, Ophthalmologist, Harvard Medical School) is also pursuing an MPH, while developing interventions for improving eye care delivery to at-risk populations.

Medell Briggs-Malonson, MD (2nd year) has been evaluating the impact of pre-hospital care on patient outcomes in California, examining hospital-level predictors of 30-day re-admission for heart failure, and studying patient preferences for emergency care among African American emergency department heart failure patients.



Demetria Malloy, MD (2nd year) is assessing links between local food environments and rates of diabetes and obesity using the California Health Interview Survey, and designing VA-based qualitative analysis of patient-centered communication around medication adherence decision-making.

Patrick Link, MD (3rd year) applied rapid assessment procedures to mental health outreach for OEF/OIF veterans, and completed a systematic review of the prevalence of neuropsychiatric disorders in service members and veterans of OEF/OIF. He is currently working on an evaluation of VA's post-deployment integrated care initiative.



Joan Ryou, MD (3rd year) has been investigating disparities in surgical cancer care and outcomes, as well as the quality of lung and prostate cancer care in VA, validating administrative data for use in quality indicator development.

Gelarah Gabayan, MD (3rd Year) was hired as a VA GLA Staff Physician in the emergency room, and is working on a CDA-2 application.

Associated Health Fellows

Katherine Hoggatt, PhD (1st Year) an epidemiologist, former Assistant Professor at University of Michigan, Ann Arbor, and Research Scientist at the VA Ann Arbor

Frances Nedjam-Haiem, PhD (1st Year) Studied Social Work at USC, focused on racial ethnic variations in end of life care. She is currently working with Dr. Karl Lorenz.

Sangeeta Ahluwalia, PhD (2nd year) has been developing research on end of life care for CHF patients and is pursuing a CDA -2 under Dr. Karl Lorenz's mentorship.



Kim Tran, PhD, RN (2nd Year) is working on the VA Nursing Academy Evaluation and developing her fellowship research in quality of care with Dr. Aram Dobalian.

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

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



FELLOWSHIP PROGRAM





Center Publication Highlights

HSR&D's Evidence-based Synthesis Program (ESP)

HSR&D's Evidence-based Synthesis Program (ESP) provides syntheses of targeted healthcare topics of particular importance to VA managers and policymakers, as they work to improve the health and healthcare of Veterans. One of four ESP centers, the West Los Angeles ESP's recent projects include a "Comparison of Quality of Care in VA and non-VA settings" and a series of projects on women veterans' health.

Investigators identified 195 relevant articles for a 2004-2008 update on women veterans' health research. From this update report they then developed a searchable database of structured abstracts, which can be found at: http://www.hsrdr.research.va.gov/for_researchers/womens_health/search.cfm.



Bean-Mayberry B, Batuman F, Huang C, Goldzweig CL, Washington DL, Yano EM, Miake-Lye I, Shekelle PG. Systematic Review of Women Veterans Health Research 2004-2008. VA-ESP Project #05-226; 2010

To access a PDF copy of this report go to:

<http://www.hsrdr.research.va.gov/publications/esp/women.cfm>

For the quality of care project, a systematic search identified 38 articles comparing quality of medical care and 17 articles comparing quality of surgical care. Overall, the available literature suggests that the care provided in the VA compares favorably to non-VA care systems, albeit with some caveats. Studies that used accepted process of care measures and intermediate outcomes measures for quality measurements almost always found VA performed better than non-VA comparison groups. Studies looking at risk-adjusted outcomes generally have found no differences between VA and non-VA care, with some reports of better outcomes in VA and a few reports of worse outcomes in VA, compared to non-VA care.

Asch S, Glassman P, Matula S, Trivedi A, Miake-Lye I and Shekelle P. Comparison of Quality of Care in VA and Non-VA Settings: A Systematic Review. VA-ESP Project # 05-226; 2010.



To access a PDF copy of this report go to:

<http://www.hsrdr.research.va.gov/publications/esp/quality.cfm>

Citations:

Matula SR, Trivedi AN, Miake-Lye I, Glassman PA, Shekelle P, Asch S.

Comparisons of quality of surgical care between the US Department of Veterans Affairs and the private sector. J Am Coll Surg. 2010 Dec;211(6):823-32.

Trivedi AN, Matula S, Miake-Lye I, Glassman PA, Shekelle P, Asch S. Systematic review: comparison of the quality of medical care in Veterans Affairs and non-Veterans Affairs settings. Med Care. 2011 Jan;49(1):76-88.

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<http://www.hsrdr.research.va.gov/publications/esp/>

Center Publications

This list of selected Center publications has been chosen from the 76 peer-reviewed manuscripts published by our Center core and affiliated investigators during Fiscal year 2010.



1. Bagley SC, Munjas B, Shekelle P. A systematic review of suicide prevention programs for military or veterans. *Suicide & Life-Threatening Behavior*. 2010 Jun 1; 40(3):257-65.
2. Bokhour BG, Solomon JL, Knapp H, Asch SM, Gifford AL. Barriers and facilitators to routine HIV testing in VA primary care. *Journal of general internal medicine*. 2009 Oct 1; 24(10):1109-14.
3. Bonner LM, Simons CE, Parker LE, Yano EM, Kirchner JE. 'To take care of the patients': Qualitative analysis of Veterans Health Administration personnel experiences with a clinical informatics system. *Implementation Science*. 2010 Aug 20; 5(1):63.
4. Chan MY, Cohen H, Spiegel BM. Fewer polyps detected by colonoscopy as the day progresses at a Veteran's Administration teaching hospital. *Clinical Gastroenterology and Hepatology*. 2009 Nov 1; 7(11):1217-23; quiz 1143.
5. Cohen AN, Glynn SM, Hamilton AB, Young AS. Implementation of a family intervention for individuals with schizophrenia. *Journal of general internal medicine*. 2010 Jan 1; 25 Suppl 1:32-7.
6. Danz MS, Rubenstein LV, Hempel S, Foy R, Suttrop M, Farmer MM, Shekelle PG. Identifying quality improvement intervention evaluations: is consensus achievable? *Quality & Safety in Health Care*. 2010 Aug 1; 19(4):279-83.
7. Dobalian A, Claver M, Fickel JJ. Hurricanes Katrina and Rita and the Department of Veterans Affairs: A Conceptual Model for Understanding the Evacuation of Nursing Homes. *Gerontology*. 2010 Mar 24.
8. Dy SM, Lorenz KA, O'Neill SM, Asch SM, Walling AM, Tisnado D, Antonio AL, Malin JL. Cancer Quality-ASSIST supportive oncology quality indicator set: feasibility, reliability, and validity testing. *Cancer*. 2010 Jul 1; 116(13):3267-75.
9. Foy R, Hempel S, Rubenstein L, Suttrop M, Seelig M, Shanman R, Shekelle PG. Meta-analysis: effect of interactive communication between collaborating primary care physicians and specialists. *Annals of internal medicine*. 2010 Feb 16; 152(4):247-58.
10. Gabayan GZ, Derose SF, Asch SM, Chiu VY, Glenn SC, Mangione CM, Sun BC. Predictors of short-term (seven-day) cardiac outcomes after emergency department visit for syncope. *The American journal of cardiology*. 2010 Jan 1; 105(1):82-6.
11. Ganz DA, Yano EM, Saliba D, Shekelle PG. Design of a continuous quality improvement program to prevent falls among community-dwelling older adults in an integrated healthcare system. *BMC health services research*. 2009 Nov 16; 9:206.
12. Goetz MB, Hoang T, Henry SR, Knapp H, Anaya HD, Gifford AL, Asch SM, QUERI-HIV/Hepatitis Program. Evaluation of the sustainability of an intervention to increase HIV testing. *Journal of general internal medicine*. 2009 Dec 1; 24(12):1275-80.
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