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SPA = Strategic Program Area
EC = Executive Committee

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Changing Reins and Challenging Times: Opportunities for the Future of Health Services Research

Taking on the reins of the VA HSR&D Center of Excellence (COE) at VA Greater Los Angeles is both exhilarating and sobering. The exhilarating part stems from the tremendous opportunity that Center leadership offers. The chance to guide and support an exceptionally talented group of investigators and project staff and a first-rate management team at VA GLA is extraordinary. At the same time, VA HSR&D Service has embarked on a mission to increase the impact of health services research by fostering partnered research through CREATEs and COINs, changing the expectations, demands and incentives associated with VA HSR&D funding. So coasting is not an option. The VA healthcare system—and us along with it—is also in the throes of a series of transformative initiatives to implement patient-centered medical homes, enhance specialty access, accelerate telehealth and more, all in the context of national changes in the organization and financing of American health care. I actually had the privilege of being in Washington DC on the day the Supreme Court upheld the Affordable Care Act, and walked to the White House just to be witness to history.

The daunting part of taking on Center leadership relates to the shoes I am trying to fill. In reality, I can only hope to make my own mark, since Lisa Rubenstein is simply irreplaceable. Lisa has been and is my mentor, my colleague and my friend, and I owe every major hallmark of my career development to her unwavering support, thoughtful guidance and incredible patience. Indeed, if you are in VA HSR&D Service, you probably owe something about how you think about health services research, provider behavior, and implementation science to something she thought up or did. As our founding Director, she had the vision and foresight to guide us all toward intervention and implementation as the cornerstone of our Center's thematic emphasis on improving provider behavior. For over a decade, she has pushed us to think about who the stakeholders were in our research, and how we would translate our research into impact for VA and veterans. Her transition to lead the VA QUERI Center for Implementation Practice & Research Support (CIPRS) in its next stage of development is a natural one, while also staying on as COE Co-Director at reduced effort.

The result of Lisa's leadership and our researchers' and their teams' efforts hopefully positions us well for VA HSR&D's vision of partner-oriented research. The Center is organized around a series of Strategic Program Areas (or SPAs), several of which reflect clinical implementation areas in key topical areas: primary care, mental health, palliative care, long term care/aging and women's health/equity. For each of these areas, we have existing partnerships with VHA, VISN and/or facility leaders. Several of these SPAs have yielded new initiatives on the operations/policy side, building on our researchers' expertise while studying and solving real world problems. For example, we have one of the five Patient Aligned Care Team (PACT) Demonstration Labs,

funded by the VA Office of Patient Care Services. Led by Lisa Rubenstein, MD, MSPH, the Demo Lab—called the VA Assessment & Improvement Laboratory (or VAIL) applies evidence-based quality improvement (EBQI) methods from previous HSR&D and QUERI funded randomized trials to the implementation of PACT innovations. We also have a >10 year history of working with the Women Veterans Health Strategic Health Care Group, which has created a strong foundation for both our local and national women's health research agendas, with direct support for the National Survey of Women Veterans (Donna Washington, MD, MPH, PI) and a promising future for our partnered research on accelerating implementation of comprehensive women's health care. In palliative care, Dr. Karl Lorenz leads the Quality Improvement Resource Center (QUIRC), which is directly funded by VHA to design, test and deploy quality improvement tools for improving end of life care among veterans, and benefits from local expertise in our Palliative Care SPA, which Dr. Lorenz also leads. Some of these partnerships are also anchored in QUERI efforts. For example, Dr. Alex Young co-leads a Recovery Work Group within the Mental Health QUERI, and as a result has direct ties with the Office of Mental Health Services. And none of these partnerships would operate the same way without involvement of our local VA GLA and VISN leadership. These diverse partnerships leverage not only HSR&D and QUERI funding but the expertise of VA researchers in important and measurable ways. At the same time, relationships are at the heart of making these partnerships work, and relationships require substantial commitment and communication to be successful.

While we have substantial experience with the very real challenges of working in the zone between policy, operations and research, this zone can be a hard place to live, especially given varying degrees of tension between policy and operations to begin with. Sometimes, we have the opportunity to be the "glue," filling in gaps in practice and policy with new research evidence. But other times, we may be perceived as a relatively detached and even self-interested third party, operating on our own timelines, perhaps seen as being "unfairly protected" from the daily pressures of managing the nation's largest healthcare organization. Striking a balance between the necessary elements of scientific objectivity and partner engagement is essential moving forward. Community-based participatory research provides a potential model for how we navigate this terrain, while we struggle with research administrative procedures that may slog us down and whose time consumption runs of the risk of undermining our credibility with our fast-moving partners, whose expectations we have raised. While the challenges are indeed substantial, the opportunities for the future of VA health services research to impact VA policy, practice and performance are enormous. I look forward to sharing the challenges ahead with all of you.

--Elizabeth (Becky) Yano, PhD, MSPH

Inside this Issue ...

Table with 3 columns: ARTICLES (2-4), PROFESSIONAL (5), FELLOWS (6/8). Rows include Women's Health Nurses Care Delivery, Under Secretary's Award Center Leadership Changes, New Class and Director Fellows' News Program Overview, PUBLICATIONS (7), MESSAGE FROM STEVE (8), INVESTIGATORS (8).

**Women Veterans Health
Research Database**

Women Veterans represent one of the fastest growing segments of new users of the VA health care system. With unique health needs and highly variable patterns of VA health care use, this population has drawn the attention of a growing number of researchers. The result of this attention is an explosive growth in the body of literature dedicated to women Veterans' health and health care issues.

The VA Evidence Synthesis Program (ESP) based at the Center of Excellence has been responsible for two systematic reviews covering this topic. The first, by VA researcher **Dr. Caroline Goldzweig** and colleagues, was entitled, *The State of Women Veterans' Health Research*, and covered the 182 articles published up until 2004. The second review, completed by Center researcher **Dr. Bevanne Bean-Mayberry** and colleagues in 2011 and entitled, *Systematic Review of Women Veterans' Health Research: 2004-2008*, highlighted the increased attention being paid to women Veterans by the health research community: As Dr. Bean-Mayberry and her co-authors note, more research on women Veterans was published during the period 2004-2008 (n=195) than in the 25 years beforehand.

As a companion to these written reports, the VA HSR&D Office of Research and Development has funded the creation of the Women Veterans' Health Studies Database (SDR 11-189), an online searchable database that includes the articles reviewed in these two reports. Developed as a tool for researchers and clinicians, this database houses structured abstracts for each article, allowing users to identify relevant articles based on study design, funder, research setting, period of service, topic and health condition. For example, it is possible to search for "military sexual trauma" and "OEF/OIF" period of service and the database identifies the relevant structured abstract.

Currently, the database includes women Veterans' health research from both systematic reviews (2008 and earlier), and averages about 100 searches a month. Members of the Center, including the authors of the Bean-Mayberry et al. report, created the structured abstracts, which were converted into the database with the expertise of RAND and CIDER colleagues. **Dr. Katherine J. Hoggatt**, a former Post-Doctoral Fellow — and now a Career Development Awardee (see *Fellows' Announcements*) — added abstracts for the literature published prior to 2004, and is now updating the database to be current as of July 2011, which will be accessible by end of Fiscal Year 2012. Moving forward, the database will be updated regularly to provide researchers with an up-to-date, comprehensive resource for women Veterans' health research.



For more information, contact: *Paul Shekelle, MD, PhD, Principal Investigator*
310-478-3711 x48347 | Paul.shekelle@va.gov

The Women's Health Research Database can be accessed at: http://www.hsrd.research.va.gov/for_researchers/womens_health/search.cfm.

There is a strong evidence base and identified "best practices" for the treatment of insomnia, and VHA is currently training mental health clinicians from every VISN to provide Cognitive-Behavioral Therapy for Insomnia (CBT-I) within an Evidence Based Practice (EBP) roll-out. While insomnia is a clinical condition receiving increasing attention from VA, the current plan for dissemination does not emphasize issues specifically relevant to women Veterans. In 2011, Jennifer L. Martin, PhD and her research team conducted an HSR&D funded project (PPO 09-282), representing the first study of insomnia among women Veterans who receive VA healthcare. This study used a two-phase approach to estimate rates of insomnia, characterize women Veterans with insomnia, and identify their preferences for treatment.

In phase I, the team distributed a postal survey to 1,632 women Veterans who received care at VAGLAHS within the past 24 months. A 40% survey response rate was achieved, and 54% of respondents met diagnostic criteria for an insomnia disorder lasting over 3 months. This rate is higher than the 15-23% reported in nation-wide samples of non-Veteran women. The high rate of insomnia in this study suggests it may be one of the most common difficulties faced by the women Veterans served in VAGLA. Stress and worries, nightmares, pain and menopause symptoms were more common among women with insomnia compared to those without insomnia, and these factors differed across age groups. Stress/worries and nightmares were most commonly reported by women in their 20's, while menopausal symptoms and pain were most commonly reported by women in their 50's. Sixty-six percent of women with insomnia had talked to a doctor about sleep, and they were more likely to use prescription and over-the-counter sleep aids than women who did not meet criteria for insomnia.

**Women Veterans with
Insomnia: Characteris-
tics and Treatment
Preferences**

In phase II, 107 (mean age = 49 years; 47% non-Hispanic white) survey respondents who met criteria for insomnia complete a 30-minute in-person interview. Many reported being treated for depression (62%), anxiety (44%) or PTSD (45%) in the past, and 53% scored above the threshold for probable PTSD on the PCL-C. Commonly reported medical comorbidities were back pain (59%), hypertension (37%) and osteoarthritis (37%) suggesting the interplay among mental health conditions, pain and insomnia are important considerations for treatment. Lastly, women Veterans with insomnia were at high risk for other sleep disorders, with 59% classified as "high risk" for sleep apnea. Women expressed a preference for behavioral treatments over pharmacological treatments, and reported they would be likely to participate in individual (89%), or group treatment with other women (82%), but less likely to participate in group treatments that included men and women together (64%).

The high rates of insomnia in this preliminary study suggest the current plan to train a small number of mental health providers to deliver individual psychotherapy for insomnia may not sufficiently address the scope of the issue. Alternative treatment approaches are needed that account for the characteristics of our women Veteran population and their treatment preferences. It is likely that a step-wise approach to treatment will be required, the number and type of practitioners trained to treat insomnia will need to be large, and access to specialty care for insomnia should be enhanced. In addition,

For more information, contact: *Jennifer L. Martin, PhD, Principal Investigator:*
818-891-7711 x 9173 | jennifer.martin@va.gov



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.



Pressure ulcers (bedsores) are a major patient safety concern

for hospitals: they are common, costly, and generally preventable. For nearly two decades, evidence-based guidelines have articulated specific care processes important to preventing pressure ulcers. Still, progress in this area remains limited.

Health care organizations play a powerful role in influencing the behavior of care providers, and ultimately, the care that is delivered to patients. Organizational change is increasingly recognized as an essential component of interventions designed to improve the quality of care. To date, implementation researchers lack a clear understanding of how organizational context—the local conditions in the care setting (such as culture, leadership and resources)—influences the success or failure of quality improvement efforts. A recent review of the literature on quality improvement interventions targeting pressure ulcer prevention showed deficits in our understanding of the role of organizational contexts and the quality of pressure ulcer preventive care.

In a recently-funded HSR&D study, *Improving Patient Safety: Context and Nurses' Work Processes for Pressure Ulcers* (NRI 10-124), **Lynn**

Improving Patient Safety: Organizational Context and Nurses' Work Processes for Pressure Ulcers

PhD, (Boston VA) and Brian Mittman, PhD are examining how organizational context influences pressure ulcer preventive care. Using qualitative interviews of nursing executive leadership, nurse unit managers, and frontline nursing staff in a sample of 6 organizationally diverse VA hospitals, the study aims to describe the mechanisms by which context—at the hospital and unit levels—influences nurses' delivery of pressure ulcer preventive care.

Findings from this study are intended to inform clinical practice in VA. At the conclusion of the study an expert panel of VA leaders will be convened. Key findings, including organizational features perceived to promote or inhibit pressure ulcer prevention, will be presented to the panel with the goal of achieving consensus regarding the most important areas for intervention and future research.

For more information, contact: *Lynn Soban, PhD, RN, MPH, Principal Investigator*
818-891-7711 x 9954 | Lynn.Soban@va.gov



M Soban, PhD, MPH, RN, Lisa V. Rubenstein MD, MSPH, Amy K. Rosen,

Regional Dissemination of Nurse-Initiated HIV Rapid Testing in VA Substance Use Disorder (SUD) Clinics

estimated 1.2 million persons infected in the US do not know it, according to the CDC. While routine testing has become the standard of care to curb this transmission route for HIV, doing so in specialty clinics requires further investigation.

Drs. Henry Anaya (VA GLA & QUERI HIV) and Hildi Hagedorn (VA Minneapolis & SUD QUERI) are currently leading a recently funded, cross-QUERI collaborative research project. The specific aims of this national expansion effort are to disseminate a variant of our recently successful nurse-initiated HIV rapid testing in SUD strategy more broadly into VISNs/facilities with higher than normal HIV seroprevalence; to evaluate the differences in rates of SUD-based HIV testing and linkage to HIV care among those found to be HIV positive between two testing conditions; to qualitatively evaluate the barriers and facilitators to broad implementation of HIV rapid testing in VA SUD clinics; and to evaluate the cost-effectiveness of implementation of routine HIV rapid testing in VA SUD clinics.

In the US, demographic characteristics are associated with higher risk for HIV infection and illness, e.g., minority groups, homelessness and abuse of drugs. Veterans are at much higher HIV risk than the general population due to a significant prevalence of these populations among patients. About 1/3 of the



• Structuring Care Delivery •



Susan Stockdale

VAIL-PCC promotes PACT continuous improvement through a research-clinical partnership with VISN 22 and three of its care systems (VA Greater Los Angeles, San Diego, and Loma Linda) engaging interdisciplinary clinical leaders and veterans in innovation and evaluation activities. Successful innovations result in toolkits suitable for spread of the

innovation to additional primary care clinics. VAIL fostering environments both bottom-up and top-down components of organizational improvement using Evidence-Based Quality Improvement (EBQI). Top-down components include adoption of VHA goals related to continuous improvement and patient centered care; the PACT Compass and measures; and ongoing guidance from and feedback to the Office of Primary Care. Bottom-up innovations include development of local approaches to achieve national and regional PACT-related performance goals, and preparation of validated toolkits to spread successful approaches.

During Phase I, eight of the 30 proposals from participating site Quality Councils and Workgroups were approved to receive VAIL technical support; two are ready for spread to other facilities. The MyHealthVet Point of Care Authentication in PACT project is one of the 2 VAIL innovation projects currently being spread in other VAIL demonstration sites. Project QI results for Version 1 of the toolkit, developed at the Loma Linda site (Redlands Boulevard Outpatient Clinic), showed an increase in authentication, and a final comparison

The VA Assessment and Improvement Laboratory for Patient-Centered Care (VAIL-PCC) and MyHealthVet Authentication



teamlet and the remaining Loma Linda teamlets. In addition, the innovation team lead, Dr. Maher Roman, has received funding for an eHealth QUERI project that is a follow-up study to use MHV to develop and implement a "virtual group medical access" for diabetes management, to begin in FY 13.

The VAIL Steering Committee reviewed 28 proposals for Phase II innovation projects from six demonstration sites; 7 projects were selected to receive VAIL support, and two were approved for further spread.

The VAIL evaluation aims to assess the impact upon leaders, patients, providers, and teamlets of VAIL-PCC implementation compared to PACT usual care implementation. The evaluation focuses on 1) Intensive sampling at the primary care practice level for VA's SHEPS survey; 2) Baseline and follow-up surveys, 3)

Qualitative interviews of demonstration and comparison site teamlets; 4) Four in-depth qualitative interviews and monthly brief structured interviews of VAIL-PCC stakeholders at the VISN, medical center, and primary care practice levels; 5) Economic evaluation at the primary care practice level and 6) Document review to assess VAIL-PCC implementation activities. Wave 1 of data collection for all components is now complete, and formative and summative analyses are underway, and will continue throughout the project (FY 2010 – FY2014).



Lisa Rubenstein



Lisa Altman



Web-based Delivery of MOVE! to Veterans with Serious Mental Illness

Veterans with serious mental illness (SMI) have psychotic

disorders, such as schizophrenia and bipolar disorder. The VA has made substantial efforts to increase the use of evidence-based treatments in this population, including psychosocial practices, to improve veteran outcomes. Obesity and physical inactivity are more common among individuals with SMI than in the general population. Excess weight in this population contributes to a very high rate of medical morbidity and mortality, and reduced life expectancy. Effective interventions for weight management, specialized for adults with SMI, have been developed and recommended in national treatment guidelines. One such treatment intervention is *MOVE! SMI*, which focuses on improving knowledge and behaviors in veterans with regards to diet and exercise. However, dissemination of interventions such as *MOVE! SMI* has proven to be very difficult, and are rarely offered in routine practice. Barriers to in-person *MOVE! SMI* include limited transportation options among patients, and reluctance of patients to participate in group treatments. Also, substantial time from mental health clinicians is required to deliver in-person services for weight. It is likely that these barriers could be addressed by providing computerized



L to R: Amy Cohen, Dawn Glover, Jorge Avila, Sona Hovsepian, Alex Young, Rebecca Oberman, Joya Golden and Ernest Tolbert

structured education on diet and exercise.

VA HSR&D is supporting a study entitled, “*Web-Based Delivery of MOVE! to Veterans with Serious*

Mental Illness (IIR 09-083)”, led by **Alexander S. Young, MD, MSHS**, at the Center of Excellence. The project is a prospective, randomized, controlled trial in 300 overweight veterans with SMI who are receiving treatment with medications that have weight gain as a major side-effect. The project has developed a web-based *MOVE! SMI* system tailored to the population with SMI. Recruitment is currently ongoing, and participants are assigned to receive in-person *MOVE! SMI*, web-based *MOVE! SMI*, or a control group. The web-based intervention includes telephone support from peer counselors. Changes in outcomes will be compared between the three groups. The study aims to evaluate the effectiveness of web-based *MOVE! SMI*, and to characterize, from the veterans’ perspective, the strengths, weaknesses, and barriers to the use of in-person and web-based

MOVE! SMI.

This project has the potential to significantly improve health care and outcomes for veterans.

An internet-based system that helps veterans lose

For more information, contact: *Alexander Young, MD, MSHS, Principal Investigator: 310-268-3416 | Alexander.Young@va.gov*.

West Los Angeles VA researchers Disease Research, Education, and quality of care indicators for understand factors associated with gaps support from the HSR&D Nursing convened with VA and community Parkinson’s disease experts to design a nurse-led, telephonic, care management intervention to overlay existing care delivery. This approach incorporates standardized assessment and guideline-driven care, patient self-management, enhanced communication among neurologists and primary care, and linkages with community resources. In May, Dr. Connor (PI), along with Drs. Barbara Vickrey and Eric Cheng, received funding from VA HSR&D for a randomized trial of this intervention relative to usual care. “Coordinated care for Health Promotion and Activities in Parkinson’s Disease (CHAPS),” will recruit 400 veterans with Parkinson’s disease from facilities in the VISN 22 PADRECC network, including Loma Linda, Las Vegas, San Diego, Long Beach, and Sepulveda. In addition to analyzing impact on care, researchers will evaluate whether the intervention produces reductions in treatment costs. A qualitative evaluation of implementation will provide knowledge vital to future dissemination of this intervention, if it is found to have benefit, leveraging existing collaborations among the six national VA PADRECC.

Testing a Coordinated “Team Care” Approach to Parkinson’s Disease Care in the VA

affiliated with the CoE and the VA Parkinson’s Clinical Center (PADRECC) have developed Parkinson’s disease, and applied these tools to in care. Building on this research and with Research Initiative, and, Dr. Karen Connor

Integrating Mental Health and Social Work with Primary Care

VA launched the Post-Deployment Integrated Care Initiative (PDICI) in 2008 to improve quality of care for

OEF/OIF Veterans via enhanced coordination of mental health, social work and other services with primary care. PDICI followed similar arrangements developed through VA’s “Primary Care-Mental Health Integration” initiative in which mental health and primary care services are better aligned, but with the addition of social work / case management involvement. The QUERI-funded PDICI pilot study was led by Brian Mittman, PhD and Tamar Wyte, DPT, MPH, at the Center for Implementation Practice and Research Support (CIPRS). PDICI study researchers worked with Steve Hunt, MD and Lucile Burgo, MD, PDICI program national leaders in development and refinement of the pilot study’s research questions and study design, and in analysis and interpretation of study findings. Between December 2010 and February 2011, we fielded a national survey to a representative of each VAMC, with a 77% response rate (n=111). The survey measured primary care organizational arrangements for post deployment care for newly enrolled OEF/

OIF Veterans. We also conducted a comparative case study assessment (June-Dec 2010) from six VAMCs interviewing 53 key facility leaders and staff to examine the development of post deployment care arrangements, coordination of care activities and recommendations for improvement.

Of the 111 VAMCs surveyed, 84% reported some type of specialized care arrangement for OEF/OIF Veterans in primary care. Since the start of the PDICI initiative in 2008, 68% of VAMCs changed their scheduling to facilitate same day initial evaluations for primary care, mental health and social work. This approach was implemented by three of the six VAMCs in our case study sample. When a VAMC reported the presence of a specialized care arrangement, it reported more email coordination between Primary Care and Social Work than VAMCs with no special arrangement (p<.019 for initial evaluation, p<.04 for ongoing care) and more in-person communication between Primary Care and Mental Health than VAMCs with no special arrangement (p<0.017). No other coordination of care activities showed statistically significant differences across facilities. Increased understanding of evolving approaches to coordination of care is critical for improving care for complex patient populations.

Dr. Karl Lorenz leads the VA national ASSIST supportive cancer management in VA and the

Supportive Care from Palliative Care

study which is characterizing the quality of degree to which palliative care services foster

better supportive care using the Cancer Quality ASSIST comprehensive measure set. As a member of the VA’s Pain CREATE, he will conduct a randomized controlled trial of pain screening, focusing on the use of patient-reported versus usual clinician documented (e.g., 5th vital sign) assessment and the patient, provider, and clinic context associated with implementation of a screening technology platform. Dr. Lorenz directs the VA palliative care Quality Improvement Resource Center, part of the Comprehensive End-of-Life Care Initiative and fosters best practices by promoting the implementation of performance measures, and by developing and implementing clinical informatics tools. QuIRC promotes capture of consultation workload, uniform consultation practices, and palliative care consultation among critical populations. QuIRC tools include the Palliative Care-Workload Module and the Palliative Care National Clinical Template 3.0. QuIRC’s reminder dialogue driven tools capture data for improving consultation practices. QuIRC also developed the “Strive for 65” Implementation Package, a collection of interventions and resources developed to improve patient and family satisfaction with end of life care, as measured by the Bereaved Family Survey.



2012
Under Secretary's Award in
Health Services Research

Elizabeth Martin Yano, Ph.D., M.S.P.H., is the recipient of the 2012 Under Secretary's Award for Outstanding Achievement in Health Services Research—the highest honor for a VA health services researcher. Dr. Yano is Director of HSR&D's Center for the Study of Healthcare Provider Behavior in Sepulveda, CA, and has been a part of the Center since its inception and a part of the VA Greater Los Angeles Healthcare System for more than 20 years. Dr. Yano met the major criteria for this award by: improving our understanding of factors that affect the health of Veterans and improving the quality of their care, contributing to the future of VA health services research by inspiring and training the next generation of investigators, and enhancing the visibility of VA research through national recognition within the research community. Dr. Yano expressed high regard for the VA in her acceptance of this award.



I am deeply grateful for this honor and for VA's investment in health services research. The use of research to advance evidence-based practice and policy capable of impacting the care we deliver to our nation's veterans is unprecedented in the VA and represents an extraordinary opportunity and experience as a health services researcher. Our partnerships with VA leaders and providers guide our research priorities, while we contribute scientific solutions to health care delivery problems. It doesn't get much better than this."

Dr. Yano earned her M.S.P.H. and Ph.D. in Epidemiology from the UCLA School of Public Health. Since then, Dr. Yano has obtained funding for nearly 50 independent projects, with almost half of those projects devoted to improving the delivery of primary care for Veterans who receive VA healthcare. The focus of her research is organizational influences on quality and the implementation of evidence-based practice in healthcare organizations. She is currently working to inform VA's efforts to implement and evaluate VA Patient-Aligned Care Teams (PACT), leading the evaluation of the VISN 22 VA PACT Demonstration Laboratory's approach to accelerating impacts of PACT innovations. She also is the PI of the National VA Women's Health Network Research Consortium and co-leads the VA Women's Health Practice-Based Research Network, which provide needed infrastructure for advancing VA research to evaluate and improve the organization, quality, and impacts of the delivery of VA healthcare services to meet women Veterans' needs. Moreover, Dr. Yano is a VA HSR&D Research Career Scientist Awardee—a nationally competitive career award for conducting health services research, mentorship and service.

Dr. Yano also serves as Adjunct Professor of Health Services at the UCLA School of Public Health, where she has been an outstanding faculty member in the Executive MPH program in healthcare management and policy. She also is a faculty mentor for the UCLA/VA Clinical Scholars Program, the UCLA National Research Service Award (NRSA) Primary Care Fellowship Program, the VA Health Services Research Fellowship Program, the VA Women's Health Fellowship Program, and the VA Associated Health Postdoctoral Fellowship Program. Dr. Yano also is an extraordinarily productive scholar. She is a prolific author, generating more than 100 peer-reviewed publications, and has made more than 300 academic presentations.

http://www.hsrd.research.va.gov/for_researchers/awards/under_secretary/awardees/2012.cfm

The VA Greater Los Angeles Healthcare System has had a longstanding commitment to excellence in health services research and implementation science, demonstrated by its partnership with and support of two nationally recognized Centers: (1) the VA HSR&D Center of Excellence (COE) for the Study of Healthcare Provider Behavior, led by Drs. Lisa Rubenstein and Elizabeth Yano, and (2) the VA QUERI Center for Implementation Practice & Research Support (CIPRS), led by Dr. Brian Mittman.

**Center Leadership Changes at
VA Greater Los Angeles**

Effective June 1, 2012, Dr. Rubenstein stepped down as COE Director to become Director of CIPRS, where she will lead development of the human capital and tools necessary for further advancing implementation science and quality improvement methods and impact, building on the strong foundation built by Dr. Mittman during the early years. This will enable Dr. Mittman to focus more heavily on his research agenda within and outside the VA, while also continuing to provide education, training and consultation as a CIPRS Senior Consultant. Dr. Rubenstein will continue in a reduced role as COE Co-Director.

Also effective June 1, 2012, Dr. Yano has become the COE Director, and is joined by two COE Associate Directors. First, we welcome Alexander S. Young, MD, MSHS as the Center's newest Associate Director. Dr.



Young is a psychiatrist and accomplished health services researcher at VA Greater Los Angeles, where he currently leads the Health Services Unit of the VISN 22 Mental Illness Research, Education & Clinical Center (MIRECC). Dr. Young has an outstanding track record of research productivity, and has led seminal studies of the implementation of collaborative care models for schizophrenia. Second, the COE's current Associate Director, Stephanie Taylor, PhD, will continue in her role, dividing the Center's strategic and operational management with Dr. Young. A medical sociologist by training, Dr. Taylor is an expert in health care context, patient safety and program evaluation. She leads the national evaluation of the VA's Call Center, aiming to proactively contact and enroll women veterans nationwide, and leads the practice assessment of PACT implementation.



Donna L. Washington, MD, MPH, the newest member of the Center of Excellence Executive Committee, is the COE's Women's Health and Equity Strategic Program Area Lead, and co-director of the GLA Women's Health Fellowship. Dr. Washington's research focuses on access to healthcare, quality of care, and healthcare disparities for women and racial/ethnic minorities. She was principal investigator of the National Survey of Women Veterans, conducted to support evidence-based strategic planning for VA women's health care. Her current research is implementation-focused to address women Veterans' healthcare needs identified in her earlier work. She is leading development and implementation of a screening and referral tool to identify Veterans who are at risk for homelessness (in collaboration with Dr. Hamilton). Along with research (Dr. Cordasco), operations (Dr. Altman), and clinical partners (Dr. Batuman and Callie Wight), she is adapting and evaluating virtual care modalities for women's health care delivery and women's healthcare provider education.



Dr. Rubenstein will be joined by a new CIPRS Associate Director, David Ganz, MD, PhD. Nearing completion of his VA HSR&D Career Development Award, Dr. Ganz is a geriatrician and health services researcher with expertise in implementation science and quality improvement around falls prevention.



2011-2012 Fellows

VA-RWJ Clinical Scholars

Courtesy of <http://rwjcsponc.edu/scholars/VA/index.html>



Jonathan Bergman, M.D. is a urologist at UCLA. He completed his undergraduate training at Yale, where he graduated with a degree in molecular, cellular, and developmental biology. He received his medical degree from David Geffen School of Medicine at UCLA and completed his training in urology at UCLA, where he served as chief resident during his last year of training. As a scholar, he plans to study the quality of end of life care in urology, and to form community partnerships to

improve the understanding of the end of life process among both healthcare providers and patients.

Elise Lawson, M.D. is a general surgeon who received her undergraduate degree from Harvey Mudd College and her medical degree from Stanford University. She has completed 2 years of general surgery residency at UCLA and will finish her training after completion of the Clinical Scholars Program. Dr. Lawson's research interests include methods of surgical quality measurement, use of quality improvement methodologies (six sigma, lean, etc) in a surgical setting, and improving shared decision making between surgeons and patients through the use of appropriateness criteria and risk calculators.



Charles D. Scales, Jr., M.D. is a urologic surgeon who completed his undergraduate studies at the Georgia Institute of Technology with a degree in Chemistry. He is a graduate of the Duke University School of Medicine and completed his urology training at Duke University Medical Center. Dr. Scales has previously published on utilization of prostate cancer screening in the United States, practice patterns and outcomes in the management of kidney stones, and evidence-based clinical practice in

urology. His research and policy interests include racial and socioeconomic healthcare disparities, development and diffusion of surgical technology, evidence-based practice, and healthcare financing. As a Scholar, Dr. Scales plans to investigate access and quality of care for urinary stone disease, with particular emphasis on socioeconomically disadvantaged populations.

VA Health Services Research Fellows

Tannaz Moin, M.D., M.B.A., is an Endocrinologist at UCLA who completed her undergraduate concurrent MD/MBA education at UC Irvine and served as chief resident during her last year of training at Yale New Haven Hospital. Dr. Moin's research interests have included evaluations of home telephone monitoring of diabetic devices and of quality of patient care pertaining to Internal Medicine clinical sign-outs.



VA Associated Health Fellows



Anita Yuan, Ph.D., M.P.H. is a research sociologist who received her MPH and her PhD in sociology from UCLA. Her dissertation research examined socioeconomic and race/ethnic differences in college attainment using nationally representative longitudinal survey data. Dr. Yuan's research interests include reducing inequality in social, economic and health outcomes, organization structure, quantitative survey analysis and mixed methods research. She is working on

improving access and quality of care with the Homelessness Workgroup which is part of the VISN 22 PACT Demonstration Lab.

Women's Health Fellows



Terri Davis, Ph.D. is a clinical psychologist who completed her Psychology training at Indiana University School of Medicine in Indianapolis and Jackson State University, Mississippi for clinical psychology. Dr. Davis recently completed a post-doctoral research fellowship at the Central Arkansas VA's MIRECC on a study titled Engaging OEF/OIF Women Veterans in VA Mental Health Care: a qualitative study of racial differences in Perceived barriers to care. She is currently studying the need for tailoring primary care mental health integration efforts for women veterans.

Sarah E. Duman Serrano, Ph.D. is a Psychologist who received her undergraduate degree from Yale, and PhD at UCLA. Dr. Duman Serrano completed her clinical internship rotations at the VA Sepulveda ambulatory care center at the GRECC delivering evidence-based group and individual therapy to veterans from Primary Care, Specialty clinics and outpatient mental health. She also led an innovation team that received one of the Secretary's Innovation Awards (see *Fellows' Announcements* below).



Our New Director

Debra Saliba, MD, MPH, FAGS assumed the role of Associate Director of Education this year. She is a geriatrician with the VA GRECC and directs the UCLA Borun Center for Gerontological Research. A former VA fellow and HSR&D Career Development Awardee, Dr. Saliba directs VA Greater Los Angeles' (GLA) VA Robert Wood Johnson (RWJ) Clinical Scholars program and serves as an Associate Director for the UCLA RWJ Program. She also directs the VA GLA Health Services Research Fellowship funded by the VA Office of Academic Affiliation. Both programs aim to train physicians in health services research to better understand and improve healthcare delivery.

Fellows' News

Sarah Duman Serrano, PhD, is the lead on a VAIL Demonstration Laboratory Innovation project, "Mental Health Integrated Care Group: Introduction to Relaxation and Meditation." Sarah recently received the **2012 VHA Employee Innovation Award** for her work. This innovation project was selected by the VISN22 VAIL-PACT Steering Committee to address the high demand for complementary and alternative treatments, and to help with patient self-regulation of, e.g., anxiety and anger. The project offers a brief series of group sessions that provide an introduction to evidence-based, holistic, adjunctive relaxation & meditation treatments for primary care patients with emotional and health behavior concerns. The innovation leads to collaboration with primary care clinicians by psychologists and nurses to facilitate consideration of the whole patient, and to foster patient self-efficacy and choice in treatment; in short, to further the practice of patient-centered care. The aim is to increase access to mental health professionals & holistic nurses while decreasing wait times by offering a brief series of group sessions in order to increase the quality of patient care and efficiency in the delivery system.



Katherine J. Hoggatt, PhD, joined the GLA HSR&D Center of Excellence in September 2010 as an Associated Health Fellow and Visiting Assistant Professor of Epidemiology in the UCLA School of Public Health. Her early work at the Center included a collaboration with Drs. Elizabeth Yano and Donna Washington on an analysis of data from the National Survey of Women Veterans to examine the characteristics associated with alcohol misuse and the link between alcohol use and mental health care in women veterans. Dr. Hoggatt was recently awarded a 5-year **Career Development Award (CDA-2)** focusing on improving care for women veterans with substance use disorder (SUD), research that directly addresses VA HSR&D priorities in Women's Health Research and supports

(Continued on page 8)



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CENTER INVESTIGATORS

Lisa Altman, MD
 Henry Anaya, PhD (QUERI HIV/HepC)
 Bevanne Bean-Mayberry, MD, MHS (CDTA)
 Joshua Chodosh, MD, MSHS (Former CDA, GRECC)
 Amy Cohen, PhD (MIRECC)
 Kristina M. Cordasco, MD, MPH, MSHS
 Aram Dobalian, PhD, JD (Former MREP)
 Melissa Farmer, PhD (Former MREP)
 Jacqueline Fickel, PhD, MPH (Former AIA)
 David A. Ganz, MD, PhD (CDA-2)
 Peter Glassman, MBBS, MSc
 Matthew B. Goetz, MD (QUERI HIV/HepC)
 Josea Kramer, PhD (GRECC)
 Martin L. Lee, PhD
 Karl Lorenz, MD, MSHS
 Jennifer Malin, MD, PhD
 Brian Mittman, PhD, MA
 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
 Alexander S. Young, MD, MSHS (MIRECC)

**VA Greater Los Angeles Healthcare System
 Sepulveda ACC & Nursing Home
 16111 Plummer Street (152), Building 25
 Sepulveda, CA 91343
 Phone—(818) 895-9449 Fax—(818) 895-5838
 Leads: Becky Yano and Alex Young
 Editor: Michael Fletcher**

AFFILIATED INVESTIGATORS

Sangeeta Ahluwalia, PhD
 Cathy Alessi, MD (GRECC)
 Barbara Bates-Jensen, PhD, RN
 Elizabeth Bromley, MD PhD (MIRECC)
 Eric Cheng, MD, MS (PADRECC)
 Kelly Chong, PhD
 Ann Chou, PhD
 Karen Connor, PhD, RN (PADRECC)
 Candice Cook Bowman, PhD
 Teresita Corvera-Tindel, PhD, RN
 Denise Feil, MD, MPH (Former CDA, GRECC)
 Lillian Gelberg, MD, MPH
 Shirley Glynn, PhD (MIRECC)
 Caroline L. Goldzweig, MD, MSHS
 Farhad "Fred" Hagigi, DrPH, MBA (UCLA)
 Theodore Hahn, MD (GRECC)

Alison Hamilton, PhD (UCLA)
 Katherine Hoggatt, PhD
 Judith Katzborg, RN, PhD
 Ruth Klap, PhD
 Clifford Ko, MD
 Stephen R. Marder, MD (MIRECC)
 Nell Marshall, DrPH, MPH
 Jennifer Martin, PhD (Former AIA) (GRECC)
 Lisa S. Meredith, PhD (RAND)
 Jack Needleman, PhD (UCLA)
 Sabine Oishi, PhD, MPH
 Marjorie Pearson, PhD (RAND)
 Hector Rodriguez, PhD
 Danielle E. Rose, PhD, MPH
 Laurence Z. Rubenstein, MD, MPH (GRECC)
 Catherine Sarkysian, MD, MSPH (GRECC)
 Cathy Sherbourne, PhD (RAND)
 Susan Stockdale, PhD
 Diana Tisnado, PhD
 Barbara G. Vickrey, MD, MPH (PADRECC)
 Anne Walling, MD, PhD
 Carole Ward, MD, MPH

(Continued - Fellows News,)

(Dr. Hoggatt)

the efforts of the SUD-QUERI to promote patient-centered, evidence-based specialty care. Her work will investigate the patterns of women veterans' SUD treatment across VA settings and medical specialties and the impact of SUD treatment on women's outcomes. In addition, she will work with colleagues, including her CDA mentors Drs. Elizabeth Yano, Alison Hamilton, and Alexander Sox-Harris (SUD QUERI and VA Palo Alto), to study in detail the structure of women's SUD care in the VA and women's personal experiences of VA SUD care.

Frances Nedjat-Haiem, PhD, was recently awarded a **John A. Hartford & VA Geriatrics Social Work Faculty Scholars Award** to pursue her research, which aims to improve awareness of the psychosocial needs of dying patients and primarily examine the health services of distressed, vulnerable veteran patients facing end of life decisions. She will explore provider behavior across disciplines (physicians, social workers, nurses, and chaplains) related to their understanding of and ability to identify,

manage and reduce distress among veterans with life-limiting cancer conditions and their families. A graduate of the University of Southern California's School of Social Work, Dr. Nedjat-Haiem is currently a VA Associated Health fellow at VA Greater Los Angeles and Adjunct Lecturer at her alma mater.

VA Greater Los Angeles Selected as a Host Site for the VA Quality Scholars (VAQS) Fellowship Program.

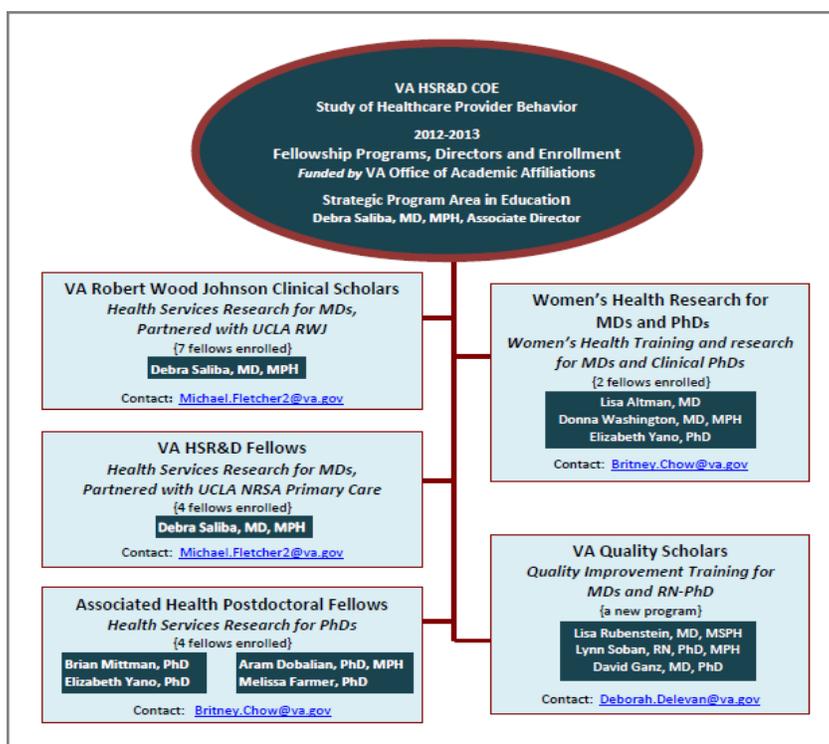
The VAQS fellowship is a two year interdisciplinary fellowship for physicians and nurses which is designed to provide intensive training to develop health care leaders with expertise in quality improvement. In December 2011, the Office of Academic Affiliations (OAA) issued a request for proposals to expand the number of host sites from six to eight; VA Greater Los Angeles was selected as one of the new host sites. The site is led by Lisa Rubenstein, MD, Lynn Soban, PhD, RN, and David Ganz, MD, PhD. Interested applicants should contact Debbie Delevan (Deborah.Delevan@va.gov). More information about the program can be found at: <http://vaqs.org/>

Steve Asch, MD, MPH Becomes HSR&D Center Director at VA Palo Alto



Rudy presenting Steve with the monkey that now lives on Steve's back.

Over last summer, Dr. Steven Asch, longtime Associate Director for Education at the VA Greater Los Angeles (GLA) HSR&D Center of Excellence (COE), moved to VA Palo Alto to become their new HSR&D Director. Steve's expertise and leadership will be sorely missed. A Presidential Early Career in Science & Engineering (PECASE) and former VA HSR&D Career Development awardee, Steve oversaw the COE's VA health services research postdoctoral fellowship program and the VA/Robert Wood Johnson Foundation Clinical Scholars Program, mentoring many of the fellows and scholars himself and ensuring the high quality of their training experience. In addition to being a brilliant researcher and mentor, he also co-leads the QUERI HIV Hep C Coordinating Center in partnership with Allen Gifford, MD (Bedford VA HSR&D COE). With Steve's departure, the Los Angeles-based portion of the QUERI Center has been relocated to VA Palo Alto. We congratulate Steve on his promotion to Center Director, and look forward to further increasing our Elizabeth Judith collaboration with Palo Alto as a result.



For more information on Center activities please visit our website: www.providerbehavior.research.va.gov