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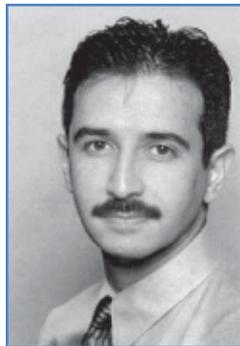
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Impact of Digestive Diseases on Health Services

Hashem B. El-Serag, MD, MPH, HCQCUS Senior Scientist and Assistant Professor of Medicine



Hashem El-Serag

Houston Veterans Affairs Medical Center and Baylor College of Medicine (BCM), there has been a concerted effort from the leaders of the divisions of health services research and gastroenterology to devote resources towards developing a health services research unit in digestive diseases.

Currently, the Houston Center for Quality of Care and Utilization Studies (HCQCUS) has a growing group of investigators, representing several disciplines, whose research focus involves digestive diseases. Three are board certified gastroenterologists with additional degrees and training in epidemiology and health services research (Hashem El-Serag, MD, MPH, Yasser Shaib, MD, MPH, and Neena Abraham, MD, MSc Epi) and two highly trained epidemiologists (Jessica Davila, PhD and, Jennifer Kramer, PhD, post doctoral fellow). In addition, we have established strong collaborations with other investigators whose research interests intersect with digestive diseases, as well as attracted other outstanding researchers who found digestive diseases to be important content areas to which

Diseases of the digestive system (including the liver) rank among the top ten important reasons for morbidity and mortality in the United States. In addition, the impact of these diseases in terms of cost, and diminished health-related quality of life is immense. At the

they could apply their methodological expertise. For example, Thomas Giordano, MD, (infectious diseases) has been a research partner on several projects that examine the outcomes of veterans with dual hepatitis C virus (HCV) and HIV infection, and Robert Morgan, PhD, who has expertise in studies using large administrative databases, has become an integral member in several projects examining risk factors, outcomes, and resource use in patients with hepatocellular and colorectal cancers. An important collaboration has been established for several years with Mark Kunik, MD, MPH, a psychiatrist and an associate director of HCQCUS. Other research collaborators include investigators at BCM's departments of pathology and molecular biology, and the Texas Children's Hospital.

Our research projects involve at least twelve investigators working on seventeen different studies, involving several digestive diseases including HCV, hepatocellular carcinoma (HCC), colorectal cancer, gastroesophageal reflux disease, and functional bowel disorders.

The research projects employ primary data collection as well as several secondary data sources. Sources of this data include: VA hospitalization, outpatient, and pharmacy databases; Medicare; SEER-Medicare; and vital statistics data. Registry data include: Surveillance, Epidemiology and End Results (SEER); Pediatric Endoscopy Database System-Clinical Outcomes Research Initiative (PEDS-CORI); and the Houston VAMC's HCV registry. The studies employ tools that vary from conventional questionnaires to DNA microarrays.

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Mission Statement

The Center impacts health and health care by conducting and translating outstanding research and by developing influential leaders in health outcomes, quality, access, utilization and cost.

Measurement Excellence and Training Resource Information Center



P. Adam Kelly

“Empowering researchers with measurement knowledge” is the catch phrase boldly written in white, contrasting an enlarged, dark blue-tinted image of a computer keyboard. The entire graphic image wraps around a slightly concave, 10-foot wide by 8-foot high wall that forms

the backdrop for the Measurement Excellence and Training Resource Information Center booth. METRIC, the newest VA Health Services Research and Development Service (VA HSR&D) resource center, spawned from an ambitious answer to a call three years ago for improving the quality of measurement in VA health services research. VA HSR&D awarded SDR-01-044 to the Measurement Excellence Initiative (MEI), a service directed research grant proposed by Kimberly O’Malley, PhD, psychometrician and former researcher with the Houston Center for Quality of Care and Utilization Studies (HCQCUS), and her HCQCUS psychometrician colleagues.

MEI began as a three-year grant in July 2001 that aimed to disseminate measurement information to researchers through its web site. After intensive planning and preparation the web site launched on New Year’s Day 2002. Under Dr. O’Malley’s direction, the MEI made a significant impact on researchers involved in measurement – both VA and non-VA alike – averaging 1000 hits per month. This represented a variety of users (e.g., government, educational and commercial domains), institutions and countries. In fact, the demand was so great that VA central office doubled MEI’s second year budget to maintain the level it had its first year. This allowed MEI to continue to output relevant educational content for VA researchers, such as primers on measurement theory, introduction to measurement texts and reviews of instruments commonly employed by VA health services researchers.

Toward the end of its second year, MEI’s Steering Committee made a strong recommendation for MEI to become a VA HSR&D resource center. Headquarters agreed, and in July 2003 announced the newest member of four resource centers serving VA health services researchers (the others are the Health Economics Resource Center, Management Decision Resource Center and the Veterans Affairs Information Resource Center.)

METRIC, now with the \$400,000 annual budget that is afforded to resource centers, not only continues to produce the same educational materials and instrument reviews that have been essential to VA researchers, but has also planned to become an innovative force in training researchers in measurement. With the departure of Dr. O’Malley, the reins of METRIC leadership have landed in the hands of Acting Director P. Adam Kelly, PhD, MBA. Dr. Kelly, who is a psychometrician with HCQCUS, was also one of the MEI co-investigators, and therefore was well equipped to lead METRIC during the transition stage as it searches for a permanent director.

The transformation of an initiative into a resource center involves significant and necessary changes to ensure success. METRIC, with its new strategic plan incorporating technology, its now well-known web presence and new practices to ensure quality in all its processes, complements the reorganization of the VA Office of Research and Development to grow into a measurement knowledge powerhouse capable of serving all VA researchers.

The organization of METRIC into three distinct, yet freely interacting groups, was the primary change with the new organization.

First, the planning team is composed of the METRIC director, associate director (not yet named) and two assistant directors. The assistant director for operations, Siddharta Reddy, MPH, supervises the day-to-day operations of METRIC. The assistant director for research, Kimberly Raiford-Wildes, MA, writes content pieces for METRIC, updates sections of the web site, initiates new research opportunities, and works with and assists the assistant director of operations as necessary.

Second, the operations team is composed of research assistants who are supervised directly by the assistant directors, and indirectly by the director of METRIC. The research assistants

perform literature reviews, abstract information on instruments, compile instrument reviews, perform book compendium and Internet site reviews, review applicable software, enter data, help with event planning, and otherwise provide assistance to the director, assistant directors, and research team members as necessary. Currently, Angela Ishak, BS, Leola Jones, BS, and Liz Martin are members of the operations team.

Finally, the research team is composed of health services research scientists who, along with the director and associate director, comprise the core faculty of METRIC. Members of the research team are afforded opportunities to pursue their own research agendas relating to measurement in health services research, under the auspices and partial funding of METRIC. Research team members are Carol M. Ashton, MD, MPH, Karon Cook, PhD, Marvella Ford, PhD, Robert Morgan, PhD, A. Lynn Snow, PhD, and Paul R. Swank, PhD.

METRIC has planned new initiatives in education and training in measurement to take effect over the next few years. In addition to live measurement seminars, such as the one held at the 2003 HSR&D Annual Meeting, there will be online seminars that enable a greater number of researchers to access the material normally presented to a small audience. METRIC has also planned collaborations with other resource centers and Seattle's Epidemiologic Research and Information Center to provide multi-day training workshops for interested VA researchers.

The METRIC web site will soon reflect the changes as well, with a new logo and clean graphics that enhance the presentation and navigability. Based on feedback, a new "experts" page is being designed that will facilitate greater interaction between those in need of measurement and content expertise and those who are able to provide the expertise.

METRIC as a resource center is poised to become an indispensable part of the VA research community. By expanding the content that it already delivers, adding new services and features that facilitate learning and creating an organization that can grow, METRIC will measure its success by answering the call and exceeding the expectations that the future of VA research imposes.



HCQCUS Researchers Save Man's Life After Car Crash

On a beautiful, sunny Monday in September, Houston Center for Quality of Care and Utilization Studies (HCQCUS) research physicians, Carol Ashton, Rebecca Beyth, Hashem El-Serag and Paul Haidet were at the right place at the right time when they witnessed an elderly man crashing his car into a nearby fence.

The driver, who lost consciousness while driving his car on a busy four-lane street near the Houston VAMC, crossed the median as well as the two opposite lanes of traffic and crashed head-on into a stone pillar holding up two sections of iron fence. Fortunately for the driver, the crash occurred just outside the HCQCUS health services research center of excellence.

The four alarmed VA researchers raced over to the site of the crash and pried open the car doors. It was immediately obvious the driver was unconscious and had no pulse. The Center recently installed an automated external defibrillator (AED) and the device was quickly brought to the scene. The driver was successfully resuscitated and an ambulance arrived shortly thereafter to transport him to a nearby hospital.

The new motto for VA research is "Today's VA Research Leading Tomorrow's Health Care." Thanks to the heroic efforts of these four VA physician researchers, this rescued man will now have a second chance at his tomorrow.



Paul Haidet, Rebecca Beyth,
Hashem El-Serag, and Carol Ashton

Feature Article

Cover Story

Digestive Diseases

(Continued from Page 1)

In addition, the group has built a long-standing partnership with exceptional statistical analysts at HCQCUS who became an integral part of the research team (Dr. Michael Johnson, currently an HCQCUS senior scientist, Dr. Peter Richardson, and Mark Kuebler), as well as a fine group of dedicated research assistants. We became the preferred center for students, residents, and fellows in clinical gastroenterology. In June 2005, we will have our second gastroenterology research fellow. A vital part of our group's current and future success lies in its deep roots within HCQCUS as well as the gastroenterology division at Baylor College of Medicine. Given that most investigators in our group, as well as our collaborators, are members of HCQCUS, they are easily integrated into the elaborate mentoring system that is the hallmark of the center. Thus, there is a continuous exchange of ideas and interdisciplinary training between our group and other members of HCQCUS (who cover most of the spectrum of quantitative and qualitative research methodology). This in turn, ensures that the digestive diseases of interest can be examined using cutting edge epidemiological and health services research methods while at the same time providing the methodologists with highly relevant content areas (i.e., digestive diseases) that are of great importance to patients, clinicians, and researchers.

Our interest in HCV began with making the observation that the number of new cases of liver cancer has sharply increased since the mid 1980s. We examined the changes over time of HCC in three large U.S. databases: hospitalization (VA Patient Treatment File or PTF); incidence (SEER database of the National Cancer Institute or NCI); and mortality (U.S. Vital Statistics). Over the last two decades, there was a significant rise in incidence (71%), hospitalization (45%), and mortality (50%) related to this cancer. Analyses of ethnicity, age, and birth cohort implicated HCV infection acquired during the 1960s as a cause of the rising incidence of HCC. This study was published as the lead article in the *New England Journal of Medicine* (1999), and gained special attention in the VA. This study also introduced the hypothesis that HCV infection acquired 2-3 decades earlier was responsible for the witnessed increase in HCC, and triggered several related questions that spurred multiple research projects over the past four years. An update of these trends

showed that the incidence rates of HCC have now doubled since 1985 (3 per 100,000 population); these findings were recently published in the *Annals of Internal Medicine*.

To investigate the causes of the increasing rates of HCC, we completed a follow-up study using the VA PTF to study the risk factors of HCC (e.g., HCV, hepatitis B virus or HBV, and alcoholic cirrhosis) among 1,605 veterans hospitalized between 1992 and 1998 with HCC. There was a three-fold increase in the age-adjusted proportional hospitalization rates of HCV-related HCC between 1993 and 1998. During the same time period, age-adjusted rates for HCC with HBV and alcoholic cirrhosis have remained stable. This study was published in the *Archives of Internal Medicine*. We confirmed the importance of HCV-related HCC as the cause of the observed recent increase in HCC in two more studies that examined the same risk factors in well-characterized patients seen in the 1990s at MD Anderson Medical Center, and facilities within the Harris County Hospital District, Houston.

Recently, we obtained a contract from the NCI to examine the risk factors underlying the increase in HCC among patients identified by the NCI's population-based SEER cancer registries. This resource makes it possible to examine Medicare claims data for the presence of diagnoses such as hepatitis C, hepatitis B, and alcoholic liver disease recorded over several years. We found that HCV-related liver cancer has increased in the 1990s, while the prevalence of other risk factors remained relatively unchanged.

We also found that up to half of HCC cases had no specific known risk factors. We are pursuing other relatively new risk factors. We completed a cohort study of approximately one million veterans that provides the first convincing evidence that diabetes is a risk factor for HCC. Diabetes is thought to predispose to fatty infiltration and inflammation of the liver, which may predispose to cancer. This study is "in press" in *Gastroenterology*. Apart from the novelty of this finding, it acquires special importance given the rising epidemic of diabetes and obesity in the United States.

HCV is a common infection that affects an estimated four million people in the United States. Up to 8% of veterans who use the VA health care system are thought to have HCV infection. Among

persons with HCV, approximately up to 25% will develop severely damaged and scarred liver (cirrhosis), and 1 to 2% will develop liver cancer (HCC). Once liver cancer develops, the survival is very poor, with most patients living for only seven to eight months.

One important aspect of HCV infection is the low proportion (only 20% to 30%) of HCV-infected patients who receive potentially curative anti-viral therapy. We carried out a hospital based case-control study that examined all cases of HCV-infected patients hospitalized during 1992-1999 (n=34,204) and randomly chosen control subjects without HCV (n=136,816). The inpatient and outpatient files were searched for several predefined infectious disorders, and psychiatric disorders. Compared with controls, patients with HCV had a significantly higher prevalence of other blood borne virus infections including HIV (14% vs. 3%), hepatitis B (22% vs. 1%), and sexually transmitted diseases. Using the same dataset, we also identified a two-fold increase in several important psychiatric disorders (e.g., depression, anxiety, and drug and alcohol abuse) among HCV-infected veterans compared with controls. Some of these comorbid infectious (in particular HIV) and psychiatric disorders may account for low rates of enrollment into HCV antiviral therapy. This has generated the idea for several studies to examine the clinical course and outcomes of veterans with dual HCV/HIV infection, and to examine the effect of various interventions among patients with comorbid psychiatric disorders. For example, although the prevalence of dual HCV/HIV infection is high among users of VA health care system, the effect of dual HCV/HIV infection on the risk of clinically significant liver disease (e.g., acute liver failure, cirrhosis, and HCC) is unclear, and its effect on overall survival is even less understood. These questions will be examined as part of a VA Merit Review grant awarded to Dr. El-Serag.

Another important and unknown aspect of HCV is discovering whether screening HCV-infected patients for HCC improves the outcomes of these patients. Dr. Davila, from our group, has received a VA Merit Review Entry Program (MREP) career development award to examine the utilization of HCC screening and the effects of HCC screening on the receipt of potentially curative therapy, and on the long-term mortality of patients with HCC, in a national cohort of veterans with HCC.

Notably, having received a VA Health Services Research and Development (HSR&D) Advanced Research Career Development Award, I will continue my planned research that will lead to the improvement in care of patients with HCV. Most importantly, together with my colleagues at HCQCUS, we will continue to work toward our goal to establish the VA as a premier site for health services research in digestive diseases and to improve the health-related quality of life for veterans and the patients we serve.

i

Best Selling Book Series Now Includes *Alzheimer's For Dummies*



Mark Kunik

It seems like you can't turn on a TV or pick up a newspaper these days without seeing something about Alzheimer's disease. If you think Alzheimer's is a hopeless diagnosis, think again. Houston health care experts Mark Kunik, MD, MPH, HCQCUS Associate Director and Mary Mitchell Kenan,

PsyD, in collaboration with award-winning health journalist, Patricia Smith, bring you an amazing new reference guide to walk you through the scary and uncertain world of Alzheimer's. Well-known television personality, and founder and chairperson of the Leeza Gibbons Memory Foundation, describes the book as "a powerful tool for those who battle this disease."

Alzheimer's For Dummies takes a realistic look at Alzheimer's (the most common disease affecting memory), what it is and what it is not, and offers pertinent, realistic advice for dealing with the myriad of concerns and responsibilities a primary care provider must assume when managing an Alzheimer's patient. Dr. Kunik adds that "many people believe that treating persons with Alzheimer's is hopeless and futile. In fact, there are many things you can do that improve the quality of life for patients and their caregivers. This book provides the most up-to-date information on Alzheimer's and is packed full of practical advice."

Cover Story

Funding Updates

New Research Grants

PI: **Ursula Braun, MD**

Source: VA RCD

Title: Improving Decision Making for End-of-Life Care

Amount/Period: \$330,000; 7/03- 6/06

End-of-life decision-making is an important aspect of providing quality health care, especially for the elderly population. Increasingly, the appropriateness of many of these decisions is being questioned. For example, the 'Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment' (SUPPORT) demonstrated that many invasive procedures done in terminally ill patients do not significantly alter their course, leave families dissatisfied, lead to immense expenses at the end-of-life, and are sometimes done in those who had previously stipulated otherwise. The VA recognized that there is an urgent need for research that can inform and improve end-of-life decision-making and made this one of its priority goals.

Currently, I am evaluating the temporal trends and racial differences of PEG (percutaneous endoscopic gastrostomy) tube placement in a large national sample of veterans with dementia with the support of a Pfizer/AGS Foundation for Health in Aging Postdoctoral Fellowship. Our two major new findings for the period from fiscal year (FY) 1990 (when this procedure first received a separate CPT code) and FY 2001 are: 1) Contrary to the current literature, the number and rate of PEG tubes placed in demented veterans nationally has actually *decreased* since 1997; by the end of the decade it has almost returned to the 1990 rate. 2) The rate of PEG tube placement for dementia patients differs significantly by race/ethnicity, and that the *change* that occurred over time in its use also differs dramatically by race/ethnicity. Contrary to common findings regarding racial disparities in health care, we found that during every year of this study the rate of PEG tube placement in African Americans exceeded that of Whites. Furthermore, the racial/ethnic disparity in the use of this procedure has increased over time suggesting that decision-making regarding end-of-life care may vary fundamentally between racial/ethnic groups.

This RCD Award will allow me to extend my research to other end-of-life care decisions. Combining methods of health services research and

ethics, my specific aims are: 1) To determine, using database analysis, if the observed reduction in the rate of PEG tube placement for dementia patients is seen in other terminally ill cohorts and for other invasive/intensive interventions (e.g., cardio-pulmonary resuscitation, intubation and mechanical ventilation), thus reflecting a broad change in end-of-life care. I will also examine if the rate of use varies by race/ethnicity. 2) To explore qualitatively using focus group interviews a) patients', b) surrogates', and c) physicians' values, concerns and beliefs that guide their decision-making regarding medical interventions at the end-of-life, with special emphasis on racial/ethnic differences. 3) We will adapt two existing values histories into an empirically grounded, comprehensive, culturally sensitive Values Inventory questionnaire using data derived from the racially and ethnically diverse focus groups of the key decision-makers (patients, surrogates, and physicians). This Values Inventory will be used to guide them in their discussions and decisions about end-of-life care.

The overall goal of my research agenda is to significantly improve the quality of and the decision-making process for end-of-life care for elderly veterans. My long-term goal is to develop an intervention to enhance the quality of decision-making, which includes incorporating patients' and surrogates' values in end-of-life decisions. The proposed research will lead to an improved understanding of the ethical considerations and the cultural/ethnic context surrounding end-of-life decisions. The proposed projects coupled with mentoring and didactic coursework as outlined in this application are designed to assure my development into an independent health services researcher in geriatrics.

PI: **Jessica Davila, PhD**

Source: VA MREP

Title: VA Merit Review Entry Program

Amount/Period: \$183,282; 7/03 -6/05

Hepatocellular carcinoma (HCC) comprises greater than 90% of all liver cancers. A recent National Cancer Institute (NCI) report cited the critical need for further research to "reduce the rates of some cancers that are still on the rise...including liver cancer." Over the past two decades, a two-fold increase in HCC incidence has been observed in the US (currently 3.0/100,000), while the overall survival for patients with HCC continues to be

dismal (1- and 5-year survival rates of 20% and 6%, respectively). The increase in HCC incidence has also been documented in veterans, and is likely to continue given the high prevalence among veterans of major risk factors for HCC, including hepatitis C virus (HCV) and alcoholic cirrhosis.

Over the past decade, three consensus development conferences have recommended the application of HCC screening tests to patients at risk of developing HCC. Yet, there is a paucity of knowledge on the use and effectiveness of HCC screening in the US and at Department of Veterans Affairs (VA) facilities. If HCC screening were found to be associated with improved outcomes, these findings would have a profound effect on current screening practices.

My long-term goal is to become a leading health services researcher in evaluating the utilization and effectiveness of cancer screening programs in the VA. As a first step to accomplishing this goal, I have developed a research agenda examining the utilization and effectiveness of screening tests in veterans at risk for HCC. This agenda includes several related research projects, formal mentoring, and didactic learning.

During the first year of the MREP award, I will acquire the skills needed for conducting large database research, generate preliminary data, and begin to develop the first of two grant proposals. To accomplish these objectives, I will be a co-investigator responsible for the design and implementation of the data analysis plan on two separate projects: 1) evaluating determinants and effects of HCC screening on outcomes in a Medicare population, with an emphasis on veterans (PI: H. El-Serag), and 2) evaluating the effects of Medicare + Choice enrollment on use of VA health care by veterans (PI: R. Morgan). In addition, I have submitted an LOI for a VA Investigator Initiated Research (IIR) proposal entitled, "Outcomes of screening for hepatocellular carcinoma among veterans."

During the second year of the MREP award, I will complete the first grant proposal stemming from the LOI and secure funding to conduct the project. By the end of the second year, I will submit a second LOI for a VA IIR proposal to examine co-utilization of Medicare and VA benefits among veterans with HCC to evaluate the costs and outcomes associated with HCC screening. I plan to submit a grant proposal for

this project and secure funding for this project by the end of the MREP award.

Methods: I propose a program of mentored training and research examining the utilization and effectiveness of HCC screening tests. Building on my prior training in epidemiology and research interests in the areas of cancer screening and outcomes, I propose to evaluate the effect of HCC screening on the receipt of potentially curative therapy and survival in VA. A strong mentoring team will guide the implementation of this agenda. The members of this team have served as my mentors for the past two years, and will continue as my mentors for the MREP award. This team includes a primary mentor, Hashem El-Serag, MD MPH, a content mentor, Robert Morgan, PhD, and a senior mentor, Maria Suarez-Almazor, MD PhD.

PI: **Anita Deswal, MD**

Source: VA IIR

Title: Impact of Diastolic Heart Failure on Health Care Utilization and Outcomes

Amount/Period: \$319,100, 7/1/03-6/30/05

Heart failure (HF) is a substantial public health problem in the US and within the VA. Nearly 5 million Americans have HF and 550,000 new cases are diagnosed each year. Heart failure may occur in the setting of either reduced ejection fraction (systolic heart failure or SHF) or preserved ejection fraction (diastolic heart failure or DHF). DHF may constitute 30-50% of the patients with HF. Although extensive data are available concerning the natural history, health care burden and treatment strategies for SHF, the estimated burden of DHF, especially in African American (AA) patients and in veterans with CHF, as well treatment strategies for DHF are still not well characterized. The proposed study will address these gaps in knowledge in VA beneficiaries with DHF.

The aims of this study are to:

- 1) To determine the prevalence, baseline characteristics and racial variation of DHF in veterans with HF.
- 2) To determine the health care utilization (as measured by hospitalizations, bed-days of care, emergency room/urgent care visits and outpatient clinic use) in patients with DHF as compared to patients with SHF, and its variation according to race.

Funding Update

(Continued on Page 8)

Funding Updates

Funding

(Continued from Page 7)

3) To determine the short-term (six-month and one-year) and long-term (two-year) mortality in patients with DHF as compared to patients with SHF, and its variation according to race

4) To determine if the use of two classes of medications (ACEI and b-blockers) is associated with a reduction in hospitalizations and mortality in patients with DHF, and whether this effect varies by race.

We will perform a retrospective study of a national cohort of approximately 36,000 patients with HF treated at VA facilities between 10/99 and 06/02. Patients will be identified in the national External Peer Review Program (EPRP) database that utilizes chart abstraction data and is maintained by the VHA Office of Quality Performance (OQP). Patients will be classified as DHF and SHF based on the left ventricular ejection fraction. The study cohort will be linked to other VA databases including the patient treatment file (PTF), outpatient clinic (OPC) files, VA death files (BIRLS) and pharmacy data (PBM). Risk-adjusted measures of mortality, health care utilization and effect of medications (angiotensin converting enzyme inhibitors or ACE inhibitors and b-blockers) on mortality and hospitalizations will be compared between patients with DHF vs. SHF, and by race within patients with DHF, using hierarchical regression modeling.

In the short-term this study will help to clarify the burden of DHF in veterans as well as in the VA health care system. It will help policy makers and researchers in deciding on the allocation of research resources to study the management and best practices for this condition and in the planning of multicenter studies of drug therapies for DHF within the VA. The proposed study is part of an incremental research agenda that aims to increase the awareness of the entity of DHF and to improve the process of care and outcomes for all patients with DHF, with a special emphasis on African American patients.

PI: Anita Deswal, MD

Source: VA-MRS

Title: Aldosterone Antagonism in Diastolic Heart Amount/Period: \$450,000; 10/03 – 9/06

Background: The renin-angiotensin-aldosterone system (RAAS) is activated in congestive heart failure (CHF) as well as in hypertension (HTN). Aldosterone promotes cardiac fibrosis, which itself is a major determinant of diastolic dysfunction. There is evidence to suggest that spironolactone, an aldosterone antagonist, can oppose the effect of aldosterone in promoting cardiac fibrosis. Therefore, aldosterone antagonism may represent a beneficial therapeutic strategy in patients with diastolic heart failure (DHF).

Objectives: The short-term objectives of this research proposal are:

- i) To evaluate the effect of spironolactone, an aldosterone antagonist, on intermediate functional outcomes in patients with DHF
- ii) To evaluate 2 different dosing levels of spironolactone for tolerability as well as efficacy
- iii) To collect feasibility data for the use of spironolactone in a large-scale clinical trial to evaluate its effects on long-term clinical outcomes in patients with DHF.

The accomplishment of these short-term objectives will provide the basis for the long-term objective of this research initiative, which is to develop effective long-term treatment strategies for the treatment of DHF.

Research Plan and Methods: The proposed study is a randomized, double-blind, placebo-controlled, clinical trial. It will be conducted at the Houston VA Medical Center. A total of 48 patients with DHF will be randomized in a 1:2 ratio to 1) Placebo (n=16) or to 2) Spironolactone (n=32) in a dose of 25 mg a day for the first 8 weeks, followed by uptitration to a target dose of 50 mg a day for another 8 weeks. The average time in the trial for each randomized patient is expected to be 5 months. The primary endpoint is improvement in functional capacity, measured by the distance covered in a 6-minute walk test. The secondary endpoints include: change in quality of life, a clinical composite score at the end of the study, change in brain natriuretic peptide (BNP) levels, change in serum levels of procollagen peptides, and changes in echo Doppler and tissue Doppler indices of diastolic dysfunction and ventricular relaxation.

Please visit our web site at

<http://www.hsrh.houston.med.va.gov>



Data Analysis: The primary analysis will be a comparison of the mean change from baseline in 6-minute walk distance at the final visit, between the placebo arm and the spironolactone arms. Secondary analysis will compare the secondary outcome measures at the final study visit between the placebo and spironolactone arms. To explore a dose response effect for the 25 and 50 mg dose, we will compare the 8 week results (on 25 mg spironolactone) with the 16 week results (8 weeks of 50 mg spironolactone mg a day, preceded by 8 weeks of 25 mg).

Clinical relevance: Between 30 to 50% of patients with CHF may have DHF. Recent studies suggest the morbidity as well as mortality may be similar in systolic and diastolic heart failure groups. While numerous large randomized clinical trials have been conducted in patients with systolic heart failure, there are no large randomized clinical trials for treatment of DHF completed to date. Data from this study will allow us to evaluate the improvements in functional and biological markers in patients with DHF treated with spironolactone. Also, it will also provide very important information about spironolactone dosing and feasibility issues, which will guide the development of a large-scale multi-center trial to definitively evaluate the efficacy of aldosterone inhibitors on morbidity and mortality in patients with DHF.

PI: Hashem El-Serag, MD, MPH

Source: Baylor College of Medicine

Title: Global Gene Expression in Barrett's Esophagus

Amount/Period: \$18,000; 6/03 – 5/04

Background: Barrett's esophagus (BE) is the precursor lesion for esophageal adenocarcinoma. While there is information on a few isolated somatic changes that occur during the progression of BE to dysplasia and cancer, the global changes in somatic gene expression underlying the transformation of normal esophageal mucosa to BE remain unknown.

We have identified well-characterized cohorts (normal with no BE, reflux symptoms with no BE, and patients with BE) from whom we plan to obtain esophageal mucosal specimens for comparative global gene expression experiments. The current proposal aims at generating pilot data to lay the groundwork for a larger application that aims at discerning the relevant somatic genetic changes that characterize uncomplicated Barrett's esophagus.

The Specific Aims of this pilot study are:

- 1) To operationalize a protocol for performing global gene expression on esophageal mucosal biopsy specimens.
 - a) To implement a protocol for biopsy collection (number, size, site), designation (histopathology, RNA extraction), method of RNA extraction, specimen storage, and histological examination.
 - b) To develop a protocol for the microarray experiments.
- 2) To examine *intrasubject* genetic heterogeneity among esophageal specimens collected from grossly similar esophageal tissue obtained from the same subject.
 - a) To examine the presence and degree of genetic heterogeneity.
 - b) To understand the determinants of any heterogeneity (e.g., site of biopsy, or histological markers of inflammation).
- 3) To examine *intersubject* genetic heterogeneity among esophageal specimens collected from grossly similar esophageal tissue from different subjects.
 - a) To examine the presence and degree of genetic heterogeneity.
 - b) To understand the determinants of any heterogeneity (e.g., gender, ethnicity, GERD symptoms).

Methods: We will perform endoscopy and collect several *paired* esophageal mucosa biopsy specimens (one for histopathology and one for RNA extraction) from Barrett's and non Barrett's esophageal tissue obtained from two well-characterized cohorts of patients (BE, and GERD with no BE). We will characterize the topographical and histological features of esophageal specimens including the number of biopsies, site of biopsy (proximal vs. distal), the presence and the quantification of BE cells, the presence or absence of dysplasia, the presence and grade of esophageal inflammation, and the number of layers included in each biopsy specimen. We will develop a protocol for global gene expression experiments using microarrays (Affymetrix chips) on RNA extracted from the second of the paired esophageal biopsy specimens. The data will be analyzed using fold-change analysis to identify downregulated and upregulated genes. Co-expressed genes will be identified with cluster and principal component analysis. Modification of the biopsy collection protocol might be made according to the results of the global gene expression experiments.

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PI: [Hashem El-Serag, MD, MPH](#)

Source: VA IIR

Title: Outcomes of Veterans with Dual HCV-HIV Infection

Amount/Period: \$231,300; 7/03 – 6/05

Background: It is estimated that approximately a quarter of a million patients have a dual infection with hepatitis C virus (HCV) and human immunodeficiency virus (HIV). The effect dual HCV-HIV infection on the risk of clinically significant liver disease is unclear and its effect on the overall survival is even less understood. The Department of Veterans Affairs (VA) is the single largest provider of care for HCV infected as well as HIV infected patients. Information on medical diagnoses, health resource use, and mortality of veterans seen in VA facilities throughout the United States are well recorded and maintained in national computerized databases.

We previously identified and characterized three large cohorts of veteran patients: 13,368 patients with HIV monoinfection, 36,126 with HCV monoinfection, and 5,068 patients with dual HCV HIV infection. These cohorts were hospitalized at least once during 1992-2000. Patients with liver cirrhosis, hepatocellular carcinoma, acute liver failure were already excluded from these cohorts.

We propose a retrospective cohort study with the following Specific Aims:

Specific Aim #1 Compare the incidence rates of three separate liver disease outcomes through 2002 (acute liver failure, cirrhosis, hepatocellular carcinoma) between the dual HCV/HIV infection cohort and *each* of the HCV monoinfection cohort and the HIV monoinfection cohort, while adjusting for the presence of other risk factors for liver disease (e.g. demographic features, other viral hepatitis, alcoholic liver disease), and other potential confounders (e.g. HIV disease severity, alcohol and drug use disorders, and antiviral drug therapy for HIV or HCV).

Specific Aim #2 Compare the overall mortality rates through 2002 between the dual HCV/HIV infection cohort and *each* of the HCV monoinfection cohort and the HIV monoinfection cohort, while adjusting

for demographic features, comorbid diseases, and other potential confounders (e.g. HIV disease severity, alcohol and drug use disorders, and antiviral drug therapy for HIV or HCV).

Data sources: The following VA national databases: The Patients Treatment File, Outpatient Clinic File, BIRLS Death File, and Pharmacy Benefit Package.

Outcomes and risk factors: For all three cohorts, we will identify the occurrence of the four separate outcomes: acute liver failure, cirrhosis, hepatocellular carcinoma, and mortality during follow up that starts from the date of first hospitalization through 2002. We will also collect information on *comorbidity* (modified Deyo's adaptation of the Charlson comorbidity index, and Turner's HIV/AIDS Severity Classification System), *potential confounders* (e.g. HBV infection, alcoholic liver disease, alcoholism, CMV hepatitis, toxic hepatitis), *medication* (HCV therapy, HIV therapy, potential hepatotoxic drugs).

Analyses: The unadjusted cumulative incidence of each of the outcomes will be calculated by the Kaplan Meier survival method during a follow up period of up to 12 years. Cox proportional hazard models and Poisson hierarchical regression models will be used to calculate the adjusted risk of each outcome for those with dual HCV-HIV infection as compared with HCV monoinfection or HIV monoinfection. Covariates in the model will include demographic features, comorbidity, HIV treatment era (pre HAART, HAART), and potential confounders. Several sensitivity analyses are also proposed to test the robustness of the results. These analyses will examine the role of specific information (starting in 1999), will exclude patients who develop the study outcomes during the first year of follow up.

PI: [Hashem El-Serag, MD, MPH](#)

Source: HSR&D-Career

Title: Improving Outcomes of Hepatitis C Virus Infection Among Veterans

Amount/Period: \$667,611; 10/03 – 12/06

Since I was awarded the VA HSR&D RCD (1/2001), I have successfully completed the proposed research plan and developed a research agenda focusing on hepatitis C virus (HCV) in veterans; I have had 23 peer reviewed publications and 5 others that are in press. I have received VA IIR grant funding, a contract from the NCI, 2 grants

from the American Society for Gastrointestinal Endoscopy, 1 grant from the American College of Gastroenterology, and 3 other industry sponsored grants and contacts. I intend to apply for the Advanced Research Career Development (ARCD) Award to further my development as a researcher, to become a fully independent investigator, and a leader in VA health services research in digestive disease. My goal is to improve the outcomes of veterans infected with HCV.

It is estimated that up to 8% of all veterans are infected with HCV; of those 15-25% will develop cirrhosis of the liver, and once cirrhosis is established HCC occurs at an annual rate of 5%. Veteran patients infected with HCV generally have increased liver disease, which includes high incidence and mortality related to HCC. Only a small proportion (10%-30%) of HCV infected veterans receive anti-viral therapy, a potentially curative therapy with 30% to 50% long-term response. The prognosis of HCV-related HCC is dismal unless potentially curative therapy is applied when HCC is small and has not spread beyond the liver.

Findings from research that I conducted during my RCD have generated 2 hypotheses to explain poor outcomes in HCV-infected veterans. During the ARCD, I intend to examine these hypothesis in two projects.

(1) We reported a high prevalence of comorbid infectious disorders notably HIV among HCV-infected veterans. *Hypothesis 1*: Dual HCV/HIV infection accelerates the progression of liver disease, and reduces the likelihood of receiving antiviral therapy. I recently received funding approval for a VA HSR&D IIR award focusing on the "Outcomes of Veterans with Dual HCV/HIV Infection." This project involves analyses of VA Pharmacy data, other VA administrative data (PTF, OPC, BIRLS), and a nested case control chart validation study.

(2) We reported an epidemic of HCV-related HCC among veterans. The mortality following HCC is very high and the receipt of potentially curative therapy is very infrequent. Although there is a consensus to perform screening among at risk individuals, the use and the efficacy of HCC screening in HCV-infected persons remains unknown. *Hypothesis 2*: HCC screening as well as potentially curative therapy for HCC is underutilized in VA. I plan to evaluate the use and efficacy of HCC screening in HCV-infected

veterans. We have obtained approval for an LOI to develop and validate an algorithm to identify HCC screening tests in VA data sets. Subsequently, we propose to examine the use and effectiveness of HCC screening among a national cohort of HCV-infected veterans.

Conducting this research will be part of a comprehensive curriculum that includes mentoring and didactic learning in three areas: methods, content, and leadership skills.

PI: **Susan Garber, MA**

Source: VA IIR

Title: Preventing Pressure Ulcers in Veterans with Spinal Cord Injury (SCI)

Amount/Period: 1,974,900; 7/03 – 6/07

PI: **Michael Johnson, PhD**

Source: VA-IIR

Title: Pharmacy Use of Patients with Chronic Heart Failure

Amount/Period: \$486,700/ 10/03 – 9/05

The purpose of this project is to examine medication use in a national cohort of patients with chronic heart failure (CHF), and determine the relationship between pharmacy use and cost with inpatient and ambulatory utilization and cost. More than 4.8 million adults have heart failure in the U.S. and the incidence is increasing, with currently 550,000 new cases each year. In the VA, heart failure accounted for over 115,000 hospital discharges during FY99 with a total cost including outpatient visits of over \$2.5 billion. In addition, heart failure is associated with 20 to 30 percent one-year mortality rates in the elderly and causes significant functional limitation.

The primary treatment for heart failure is medications to improve signs and symptoms and decrease morbidity and mortality. The main medications include diuretics, angiotensin-converting enzyme inhibitors (ACEI), beta-blockers, aldosterone receptor blockers, and anti-hypertensive agents. It is not known what the overall patterns of use are for heart failure medications for patients in the VA. And though clinical trials provide evidence of which patterns should lead to improved clinical outcomes, there is no comprehensive study of the patterns of use of these therapies in a population of patients in real practice. Although utilization of inpatient and ambulatory services are commonly measured, the

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relationship of pharmacy use to these measures is unknown, as is the relationship of pharmacy costs to costs in the other two areas. Nationwide, the growth in pharmaceutical expenditures continues to rival the growth of total health care expenditure, hospital care and physicians' services. Therefore the quality and cost of care for heart failure are important issues to study. The following specific aims will be studied.

Specific Aim #1 – To describe pharmacological treatment patterns and their association with outcomes in patients with chronic heart failure. *The first Specific Aim is to study the variation in pharmacological treatment patterns and outcomes across VA.* This aim is characterized by measures and methods applied from the field of pharmacoepidemiology to the paradigm of Structure, Process, Outcome. The first steps are to describe drug use by determining basic epidemiological measures of exposure to pharmacological treatment. This includes determining which drugs patients are being prescribed from which drug classes, calculating the average daily dose and persistence of use – a measure of adherence – and examining the array of drugs being prescribed relative to guidelines for pharmacological treatment of heart failure. *The description of the existing practice patterns and outcomes across VA addresses Step 3 in the QUERI process. These analyses are conducted in the full CHF Cohort.*

Specific Aim #2 - To document that best practices improve outcomes in patients with chronic heart failure. The *second Specific Aim* is to study the quality of care in patients with heart failure by examining the association between the process of pharmacological care and outcomes. *Because this aim requires more detailed clinical information to adjust for severity of illness and indication for treatment than is available in the full CHF Cohort, these analyses are conducted in a subset of patients using the representative sample of the External Peer Review Program (EPRP) to increase internal validity. Demonstration that best practices in the pharmacological care of patients with chronic heart failure improves outcomes, addresses step 5 in the QUERI process.*

Specific Aim #3 – To study the relationship between costs of pharmacological care and costs of inpatient and ambulatory care. The third Specific

Aim is to study the cost of care in patients with heart failure by examining the relationship of pharmacy costs to inpatient and ambulatory costs. Questions addressed under this aim borrow methods from the field of pharmacoeconomics to study the economic outcomes of pharmacological care. *Hypotheses under this specific aim will also be tested in the subset of patients using the representative sample of patients of the EPRP for the same reasons as above.*

This project is the first proposal in the principal investigator's career development program in the areas of pharmacoepidemiology and pharmacoeconomics. Innovative features of this project are the examination of the quality and cost of care in a national cohort of heart failure patients, and a study of the relationship of utilization and cost in one area (pharmacy services) with outcomes and cost in two other areas of the health care system (inpatient and ambulatory services). This project will illustrate unique abilities of the VA to conduct this type of research, for example, by linking six national VA databases of clinical information on over 300,000 patients.

PI: **Robert Morgan, PhD**

Source: VA IIR

Title: Use of VA Pharmacy Services by Medicare Enrolled Veterans

Amount/Period: \$871,900; 7/03 – 6/07

VHA is the largest single purchaser of pharmaceuticals in the U.S. Over 85% of VA users aged 65 or over are enrolled in Medicare. However, there is very little information for policy makers on how VA pharmacy use by Medicare enrolled veterans impacts expenditures within the VA health care system, or how Medicare+Choice (M+C) plan benefits and enrollment affect Medicare-enrolled veterans' use of VA pharmacy services. Changes in the availability and cost of health care outside of the VA system may cause more veterans to turn to the VA for part or all of their medications, affecting the continuity and quality of their pharmacy care, and ultimately affecting resource availability at individual VA medical centers. It is of utmost importance that the VA be able to anticipate the impact of changes in Medicare policy in order to efficiently allocate resources and continue providing high quality health care to veterans.

The goal of this study is to examine the association between Medicare managed care enrollment by VA

users and pharmacy use and cost in the Veterans Health Administration (VA). We have used the Anderson-Aday model for health care access and utilization as the conceptual framework for our two study aims.

At the *facility level* (Aim 1), we will examine how M+C enrollment status and changes in pharmacy coverage provided by the plans affects variation in (a) overall pharmacy expenditures, and (b) the total number of veterans seeking pharmacy care at individual VAMCs. This Aim will study the effect of M+C enrollment on total VA pharmacy costs at facilities and regional networks.

At the *individual level* (Aim 2), we will test the association between M+C enrollment and pharmacy use at the individual VA user level in national cohorts of patients with chronic heart failure (CHF), ischemic heart disease (IHD), and diabetes (DM). These cohorts are prevalent in the VA population, are treated with medications, and are part of the VA Quality Enhancement Research Initiative (QUERI).

This study is a cross-sectional and longitudinal analysis of VA pharmacy use and its association with M+C plan enrollment, using existing national administrative and utilization databases for years 1999-2002. The analyses for this study will focus on the population of all elderly, Medicare-eligible veterans identified as using the VA medical care system. We will use Department of Veterans Affairs Medical Center (VAMC) inpatient, outpatient, and pharmacy data merged with national Medicare administrative data.

For Aim 1, our facility level primary outcomes will be the total pharmacy expenditures and the total number of pharmacy users at individual VA medical centers (VAMCs) aggregated over the fiscal year. Linear regression models will be used to test how the likelihood and extent of pharmacy use relate to M+C plan enrollment and M+C plan pharmacy benefits, as well as change in enrollment and/or benefits, after controlling for facility and service area characteristics. For Aim 2, our individual level primary outcome measures will be the total number of prescriptions filled for individual pharmacy users and a measure of continuity of care, "persistence of use" (USE), for specific medication classes within our target patient populations. USE will be used to assess the consistency of pharmacy care, as indicated by

possession of prescribed amounts of medications over a year's time. Hierarchical regression analyses will be used within each patient cohort to test how the likelihood and extent of pharmacy use relate to M+C plan enrollment and change in M+C plan pharmacy benefits, controlling for facility and individual level characteristics.

PI: [Julianne Soucek, PhD](#)

Source: VA-Conference

Title: Methodological Issues in Health Services and Outcomes

Amount/Period: \$22,000; 9/03 - 8/04



Funding Updates

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Publications

Publications

Publications

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Spotlight on Recent HCQCUS Publications

Study: VA Maintained Quality In Shift To Outpatient Care

Survival rates among chronically ill veterans remained constant in the mid-1990s despite a sharp reduction in hospital-based care provided by the Veterans Affairs (VA) health care system, report researchers in the Oct. 23 *New England Journal of Medicine*. The study is the largest assessment to-date of the impact on veterans of VA's shift nearly a decade ago from a hospital-based system to one focused on primary and outpatient care.

Researchers at VA's Houston Center for Quality of Care and Utilization Studies (HCQCUS) and Baylor College of Medicine studied the records of 342,300 chronically ill veterans to track their health care and survival between 1994 and 1998. A reorganization of VA health care began in 1995, geared toward reducing hospital usage and emphasizing more efficient and comprehensive care through VA primary care physicians and outpatient clinics.

According to the study, VA hospital stays fell by 50 percent and outpatient care increased moderately. Patient survival rates remained largely unchanged. The researchers also found no increase in the use of non-VA hospitals by those VA beneficiaries also covered by Medicare. That would have meant taxpayer savings on VA health care were eaten up by larger Medicare expenses.

"One remarkable finding was that Medicare-eligible veterans in our study did not significantly increase their use of Medicare-paid hospital days during the time when VA hospitalization rates were falling" said lead author Dr. Carol Ashton, director of HCQCUS and a professor of medicine at Baylor.

The researchers also found no hike in emergency-room visits. The patients included in the study had serious illnesses such as lung, kidney or heart disease, so scaling back regular hospital admissions might have forced the need for more emergency care.

"We thought emergency and urgent-care visits would increase or survival rates would drop if access to hospital care was reduced too much, or if decreased hospital use was not balanced by improvements in outpatient care," said Ashton.

The researchers studied VA's sickest patients because they reasoned any adverse effects from the reduction in hospital services would be felt most by those with serious chronic illnesses. They cite at least three possible reasons why these veterans did not appear to suffer from the hospital cutbacks: First, VA was providing more hospital care than patients really needed, so the cutbacks merely reduced waste without affecting vital services. Second, the reorganization resulted in improved and expanded primary and outpatient care. Third, advances in health care during the study period—such as the advent of angiotensin-converting-enzyme (ACE) inhibitors for congestive heart failure—might have saved patients from hospital visits and enhanced their survival.

"These findings reflect well on the efforts undertaken by VA in the mid-1990s to make care more efficient and effective for veterans," said senior author Dr. Nelda P. Wray, formerly a physician and health services researcher in Houston and today VA's chief research and development officer. "We're continuing to make changes today, in research and clinical practice, to ensure that veterans receive the highest quality of care."

Statistics available from VA underscore the dramatic changes in VA health care referred to in the study. The number of veterans treated each year as inpatients decreased 40 percent from 1989 to 1999, from 617,288 to 367,486. Over the same period, the number of outpatients increased 31 percent, from 2,596,756 in 1989 to 3,391,276 in 1999.

The Veterans Health Administration (VHA), one of three branches in the Department of Veterans Affairs, is the nation's largest health care system, with 163 hospitals, 859 clinics and 134 nursing homes. Some 5 million of the nation's roughly 25 million veterans currently use VA health care.

VHA includes the nation's largest health research program integrated with patient care. In 2002, VA funded studies by more than 3,000 scientists at more than 115 VA facilities nationwide.

Collaborating on the study with Drs. Ashton and Wray were Drs. Julianne Soucek, Nancy Petersen, Terri Menke and Tracie Collins in Houston; and Drs. Steven Wright and Kenneth Kizer, former VA undersecretary for health, in Washington, DC. The study was supported by VA and Baylor College of Medicine.

Study Shows Liver Cancer Doubled in the United States in the Last Two Decades

The number of persons newly diagnosed with hepatocellular carcinoma (liver cancer) is rapidly increasing in the United States according to a study published in the November 18 *Annals of Internal Medicine*. The rates of liver cancer have doubled over the past two decades, and the largest increase has been observed during the 1990s.

The increase has been observed in men and women and in most racial and ethnic groups. Disturbingly, the study shows an increase in liver cancer among Caucasian men between the ages of 45 and 65, who are not conventionally thought of as high-risk groups. "This is an alarming increase in a highly lethal cancer," said lead investigator, Hashem El-Serag, MD, MPH, a health services researcher at the Houston Veterans Affairs Medical Center and assistant professor at Baylor College of Medicine.

The study, which was designed to update the recent trends in liver cancer incidence, used data

collected from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program and represents approximately ten percent of the U.S. population. Therefore, the results are likely to be generalizable to the entire U.S. population.

The investigators determined that the increasing incidence of liver cancer was unlikely to have simply resulted from changes in the demographic features of the population, such as age, gender, and race. However, the study suggests that hepatitis C virus, acquired in the 1960s and 1970s, may be responsible for the increase in liver cancer.

"We think that hepatitis C virus infections, acquired two to three decades earlier, are partially responsible for this increase in liver cancer," said El-Serag, "and if this is true, then unfortunately we expect the cases of liver cancer to continue to increase over the next few years."

El-Serag concluded that "these observations should lead to further studies on the risk factors, screening, and management of liver cancer in the United States, as there is a dearth of good data to guide us in this important area of research."

This research is based upon work supported by the Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. Dr. El-Serag is a VA HSR&D Career Development Awardee (RCD 00-013-2), and is a senior scientist at the Houston Center for Quality of Care & Utilization Studies, a Veterans Affairs Health Services Research and Development Center of Excellence and an assistant professor of medicine in the department of medicine at Baylor College of Medicine.

Collaborating with Dr. El-Serag on the study were: Jessica Davila, PhD and Nancy Petersen, PhD in Houston; and Katherine McGlynn, PhD with the Division of Cancer Epidemiology and Genetics, National Cancer Institute, Department of Health and Human Services.

Publications

Please visit our web site at

<http://www.hsrh.houston.med.va.gov>

Staff News

Jeffrey Cully, PhD, was approved for a VA HSR&D Associate Investigator Award. This award will provide salary support for two years to provide time for Dr. Cully to fully develop his research skills and agenda. Dr. Cully's research focus includes: translation and implementation of existing empirically supported psychosocial interventions for dementia patients and their caregivers; and identification of illness, treatment, and utilization of mental health services in depressed and anxious community dwelling older adults. Jeffrey Cully's mentoring team includes Mark Kunik, Lynn Snow and Nancy Wilson.

Hashem El-Serag, MD, MPH has been awarded an Advanced VA Career Development Award from the VA Health Services R&D Service. This three-year award pays his full salary and fringe, allowing him to devote 75 percent of his effort to research and 25 percent to patient care at the Houston Veterans Affairs Medical Center.

Also, congratulations to Hashem who was selected to attend the Japan Gastroenterology Research Group (GRG)/American Gastroenterological Association (AGA) Symposium held in Kyoto in December 2003.

Hashem El-Serag, MD, MPH was named this year's recipient of the 2003 GRG Young Investigator Clinical Science Award. This award recognizes the achievements of a young scientist working in clinical digestive and/or liver disease research. The prestigious award includes a \$3,000 prize and Dr. El-Serag also had the honor of delivering a lecture at the GRG Symposium at Digestive Disease Week in Orlando, Florida on May 20.

In addition to this award, Dr. El-Serag was informed by the Centers for Education & Research on Therapeutics (CERTs) that he, representing HCQCUS, was selected as a recipient of a first ever John M. Eisenberg, MD Memorial Lectureship on Therapeutics Research. The lecture was held in Houston on November 19 and featured Wayne Ray, PhD from Vanderbilt University.

The Third Joint Meeting of the International Society for Clinical Biostatistics (ISCB) and Society for Clinical Trials (SCT) was held on July 20th-24th in London, England. **Barbara Kimmel, MS**, presented "Practical Challenges in Translational Research: Veterans Affairs (VA) Chronic Heart

Failure (CHF) Quality Enhancement Research Initiative (QUERI).

Julie Soucek, PhD, was elected Secretary of the Health Policy Statistics Section of the American Statistical Association for 2004.

Marvella E. Ford, PhD, has been invited to serve as a member of the National Institutes of Health (NIH) Risk Prevention and Health Behavior 3 Study Section, Center for Scientific Review, for a 4-year term beginning July 1, 2003.

In her role, Dr. Ford will contribute to the national biomedical research efforts and will review grant applications submitted to the NIH, make recommendations on the applications to the appropriate NIH national advisory council or board, and survey the status of research in her field of science. These functions are of great value to medical and allied health research in this country.

Dr. Ford was nominated because of her demonstrated competence and achievement in her scientific discipline as evidenced by the quality of her research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors.

Nancy Petersen, PhD, Hong-Jen Yu, and Nelda Wray, MD, MPH, joined colleagues from Pfizer as authors of the most recent issue of *Pfizer Facts*. The report looks at utilization of Veterans Affairs medical care services by United States veterans.

This Pfizer project was the result of collaboration between Dr. Wray and several individuals at Pfizer, including Dr. Margaret McDonald, Dr. Robin Hertz, and Dr. James Kendall. Pfizer originally contacted Dr. Wray about the project because of HCQCUS's expertise in using VA's administrative databases. Pfizer was interested in producing a report, describing the health of veterans, similar to previous reports they had done on the health status of the U.S. workforce and health status of older Americans.

HCQCUS provided them with information on the socio-demographic characteristics of veterans and on their use of VA inpatient and outpatient care over a 4 1/2 year time period. The information was summarized for all users of the VA system and for veterans with 33 prevalent medical and psychiatric conditions such as heart disease, diabetes, prostate cancer, depression, and Alzheimer's dementia.

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New Staff

Neena Abraham, MD, MSc Senior Scientist

Amanda Baumle, JD Project Staff

Emmanuel Bautista, BS Information Technology

Demetre Bivins Administrative Staff

Matiko Bivins, MA Project Staff

Baruch Brody, PhD, MA Senior Scientist

Eduardo Bruera, BA Project Staff

Ruth Bush, MD Senior Scientist

Mathilda Ceaser Administrative Staff

Alex Chau, BS Information Technology

Jon Cooper Project Staff

Jeffrey Cully, PhD Senior Scientist

Christina Daw, MPH Project Staff

Danielle Dixon, BS Project Staff

Eryn Edwards Project Staff

Alex Fay, BA Project Staff

Chris Ferguson Project Staff

David Graham, MD Post-Doctoral Fellow

Tenecia Harrison Administrative Staff

Louise Henderson, MSPH Project Staff

Angela Ishak, BS Project Staff

Shawna Johnson, BSN Project Staff

Leola Jones, BS Project Staff

Jennifer Khan, BA Project Staff

Alex Kipp Project Staff

Laura Krishnan, BA Project Staff

Jennifer Kramer, PhD Post-Doctoral Fellow

Tony Kroll, MS Project Staff

Yuliya Litvak, BA Project Staff

Carol Looney, MS Project Staff

Jolyn Mikow Project Staff

Maurice Moffett, PhD Senior Scientist

Christi Murphy, BA Project Staff

Sonya Patel, MS Project Staff

Petra Pilgrim, BA Project Staff

Sherilyn Pillack, BSN Project Staff

Elizabeth Roberts, BS Project Staff

Nikita Robinson, BS Project Staff

Kent Roudy, MD Post-Doctoral Fellow

Ayanna Sidle, BS Project Staff

Robert Snow, MS Project Staff

Carol Swartsfager Administrative Staff

Jennifer Taylor, BBA Administrative Staff

Cayla Teal, PhD Post-Doctoral Fellow

Heather Wellman, BS Project Staff

Yun-Ting Yeh, MBA Project Staff

Promotions

LeChauncy Woodard, MD, MPH Senior Scientist

Alex Chau, BS Chief Information Officer

Rhonda O'Donovan Pre-Award Grant Manager

Tracy Barrera-Stevens Executive Assistant
to the Director

*Welcome and
Congratulations!*

Staff News

Executive Team:

Carol M. Ashton, MD, MPH
Director, HCQCUS
Chief, Baylor HSR Section

Rebecca J. Beyth, MD, MS
Associate Director, HCQCUS

Marvella E. Ford, PhD
Associate Director, HCQCUS

Mark E. Kunik, MD, MPH
Associate Director, HCQCUS

Maria Suarez-Almazor, MD, PhD
Associate Director, HCQCUS



Management Team:

W. Keith Neeley, MBA
Chief Operating Officer

Dianna Densmore, MS
Chief of Project Staff

Shannon E. Underwood, BA
Chief of Business Development

Theresa L. Foss, BS
Chief of Human Resources

Alex Chau, BS
Chief Information Officer

Nancy J. Petersen, PhD
Chief of Data Analysts and Statisticians

Matt D. Price, MS
Chief Communications Officer

Angelita H. Vinluan, CPA
Chief Financial Officer



Post-Doctoral Fellows:

Karen Garibaldi, MD
David Graham, MD, MS
Jennifer R. Kramer, PhD
Kent Roudy, MD
Paul Rowan, PhD
Cayla Teal, PhD

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Staff News

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In addition, Dr. Petersen is the principal investigator on a follow-up to this project with Hong-Jen Yu, Dr. Carol Ashton, and the Pfizer researchers in which they examine utilization of VA medical care for veterans with seven additional diseases, including osteoporosis, osteoarthritis, and post traumatic stress syndrome.

Paul M. Haidet, MD, MPH, received the 2003 Society of General Internal Medicine’s Clinician Educator of the Year Award for the Southern region.

Several members of our project staff from the METRIC Center and EXCEED Program had research posters accepted for presentation at the Fourth Annual Kelsey Seybold Health Services and Outcomes Research Conference held November 3. They include: **Angela Ishak, BS**, who won second place for her poster, “Health Care Quality Measurement and Psychometrics,” Siddharta Reddy, Kimberly Raiford Wildes, Leola Jones, Darrell Zeno, Alex Kipp and Coreen Domingo.

Anita Deswal, MD, MPH, traveled to Osaka, Japan in October to give an invited presentation on diastolic heart failure in a plenary session of the Annual Japanese Heart Failure Meeting.

Carol M. Ashton, MD, MPH, HCQCUS Director, released the results of the VA’s HSR&D Five-year Review of the Houston Center for Quality of Care and Utilization Studies. Reviewers indicated that the Center has demonstrated exceptional progress and presented a strong plan for future success, including strong commitment to mentoring, collaboration, and building future leaders. The Center has been a significant national resource for quality and utilization studies and has made exceptional progress in its operations, organization and management since the last review.

The report documents that productivity has been very impressive on all measures of performance, and reviewers reiterated that the Center has an excellent program and a strong record of productivity.

In his report to Dr. Ashton, John G. Demakis, MD, Chief of HSR&D Service, extended his congratulations and appreciation to the Center’s leaders and their team on the successful completion of the five-year review process.



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