

RESEARCH MONITOR

The Houston Center for Quality of Care & Utilization Studies VA Health Services Research & Development Center of Excellence

Dr. Linda Rabeneck develops outcomes research in digestive diseases at Center of Excellence

By Linda Rabeneck, MD, MPH

My current research activities fall into two main areas. The first is to conduct studies of technology assessment in digestive diseases. The second is to contribute to the development of the field of outcomes research in digestive diseases.

My studies of technology assessment in digestive diseases have concentrated in two areas, dyspepsia and percutaneous endoscopic gastrostomy (PEG) tube placement; work that is supported by a VA HSR&D Advanced Research Career Development Award. Dyspepsia, which is upper abdominal discomfort or pain thought by the physician to arise in the upper gut, is an ideal topic for health services research for several reasons. First, dyspepsia is an extremely common symptom among patients presenting for care in primary practice settings. In a prevalence study conducted among patients presenting for care at Houston VA's primary care clinics, we determined that 15% had experienced dyspepsia within the preceding week. Second, dyspepsia accounts for substantial health expenditures. Third, lack of consensus exists concerning its optimal management, because there is an insufficient scientific basis to guide physicians in clinical decision making. This lack of consensus is heightened in light of evidence indicating an important role for *Helicobacter pylori* in the pathogenesis of peptic ulcer disease, coupled with noninvasive tests (serology, breath test) and treatment strategies based on antimicrobial therapy.

What underlies dyspepsia? If one were to examine the lining of the upper gut with endoscopy, two-thirds of individuals with dyspepsia would show no abnormality. A proportion of patients (15-20%) would have a peptic ulcer, and the remaining 15% would have erosions in the esophagus.



Dr. Linda Rabeneck

In the past, standard of care for patients presenting with dyspepsia was to treat with drugs to reduce acid secretion by the stomach, and to perform endoscopy in those who failed to respond. However, primary care physicians now have *H. pylori* to take into account. The question that needs to be addressed is - how should primary care physicians integrate the new technology (*H. pylori* serologic tests and antimicrobial therapy) into their management of patients with dyspepsia? Indirect evidence

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New Staff

The Houston Center for Quality of Care and Utilization Studies (HCQCUS) is one of 11 VA Health Services Research and Development Centers of Excellence (VA HSR&D). Established in 1990, the Houston Center systematically examines the impact of the organization, management and financing of health care services on the delivery, quality, cost, utilization and outcomes of care.

All Center research, technical assistance and post-doctoral training directly or indirectly serve the needs of our nation's veterans, or the VA health care system.

We have particular expertise in analysis of large health and hospital databases and health outcome analysis. Our primary areas of research include: determinants of utilization of health care, quality assessment using large databases, outcome measures of quality and effectiveness, assessing patients' values and preferences, qualitative methodology, and clinical outcomes.

Several Center researchers are clinicians at the Houston VA Medical Center, a member institute of the Texas Medical Center, and all Center researchers are Baylor College of Medicine faculty members.

Research Monitor editorial committee: Frank Martin, MS; Howard S. Gordon, MD; Wednesday Foster, MPH; Anthony Greisinger, PhD. Photography: Houston VA Medical Media

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Maria E. Suarez-Almazor, MD, MSc, PhD (National University of Buenos Aires, University of Alberta, University of Alberta) has joined the Section of Health Services Research as an Associate Professor. Maria is originally from Spain and went to medical school in Buenos Aires, Argentina. Prior to arriving in Houston, Maria held the rank of Associate Professor of Public Health Sciences at the University of Alberta in Canada. Her research interests include health services research and clinical epidemiology in the field of musculoskeletal disorders. Maria is married to Eduardo and has three children.

Hashem B. El-Serag, MD, MPH (Yale University, University of New Mexico) currently holds joint appointments in the Sections of Health Services Research and Gastroenterology at Baylor College of Medicine and the Houston VA Medical Center. He obtained his internal medicine training at Greenwich Hospital/Yale University and a clinical gastroenterology fellowship from the University of New Mexico, Albuquerque. He was awarded the Glaxo-Wellcome Digestive Health Foundation Award for Health Care Advancement for the years 1996 and 1997. During that period, Dr. El-Serag obtained a Masters Degree in Public Health from the University of New Mexico. His main research interests include epidemiology, management, and outcomes of gastroesophageal reflux disease as well as hepatocellular carcinoma. He has utilized large data base analyses, clinical trials and mathematical modeling in his research projects. Several of his studies were published in notable journals such as the New England Journal of Medicine, Gastroenterology, Gut, and The American Journal of Gastroenterology.

Sonia Gilmore, PhD, has recently joined the Center of Excellence as a Postdoctoral Fellow. She is completing her PhD in Sociology awarded by the University of Wisconsin, Madison. Sonia is originally from Houston TX, where she attended the Michael DeBakey School for the Health Professions. She received a BA from the University of Texas, Austin. Sonia's research interests include minority and women's health. She is skilled in both quantitative and qualitative research including focus group methodology. Her personal interests include spending time with husband Roger and their 2-year-old son, William.

Drew A. Helmer, MD, MS (Columbia University College of Physicians & Surgeons, Columbia University School of Public Health, New York) recently completed a one month elective in health services research under the tutelage of Dr. Carol M. Ashton. Dr. Helmer is in his third and final year of the internal medicine residency at Baylor College of Medicine and plans to join the Section as a primary care/health services research fellow in July of 2000. His professional interests include physician profiling and in his spare time he plays cello and piano and swims.

New Staff

S. Van McCrary, PhD, JD, MPH (University of Texas Medical Branch, Galveston; University of Tennessee; The John Hopkins University) is a medical ethicist and lawyer who has joined the faculty of the Section of Health Services Research. He is jointly appointed at the Center for Medical Ethics and Health Policy, which is also in the Department of Medicine at Baylor College of Medicine. In addition, he is Adjunct Professor of Clinical Ethics at the M.D. Anderson Cancer Center. From 1991 to 1995 he served on the faculty in the Medical Humanities Program at the University of Florida College of Medicine in Gainesville. While at U.F., he was an invited participant at the *International Conference on Permanently Unconscious Patients* sponsored by the Rockefeller Foundation at the Villa Serbelloni in Bellagio, Italy. In 1996, he was Visiting Professor at the Center for Ethics and Law, University of Copenhagen, Denmark. Most recently, from 1995 to 1999, he was the Associate Director for Research and Research Professor at the Health Law and Policy Institute at the University of Houston Law Center. Dr. McCrary's interests include decision making for critically ill patients, the interaction of ethical, legal, and social issues in clinical medicine, and health care policy development.

A. Lynn Snow, Ph.D. (Texas A&M University) is a new Investigator at the Section of Health Services Research. Lynn completed a Clinical Psychology Internship with a specialty in Geropsychology at the Palo Alto VA Healthcare System and a Dementia Research Fellowship at Johns Hopkins School of Medicine. Her main research interests focus on developing and evaluating assessments and treatments of psychosocial disorders (including pain, depression, agitation, and lack of awareness of deficits) in demented individuals. Lynn is thrilled to be back in Houston and is taking advantage of the warm Texas winter by going on lots of long walks with her dog!

Chris Williams, BA (Sam Houston State University) has joined the Houston VA Medical Center as a Computer Specialist. He recently relocated from Seattle, Washington where he was employed as a Computer Technician with a large Import/Export company. His interests include traveling, biking, and keeping up with the latest computer advances.

Sabrina Dragoo was hired as an office clerk and was later placed on the PTSD research study in the position of administrative assistant.

Cynthia Boudreaux, M.Ed. (Northeast Louisiana University) was hired as a research assistant. She recently relocated from Tyler, Texas, where she was employed by the University of Texas Health Center at Tyler as a research assistant/exercise specialist.

Carl Hale, BS (University of Houston) was hired as a research assistant. Carl has worked at the Houston VA for nine years, including six years as a Health Technician assigned to a Medicine inpatient team. Carl plans to pursue his MS in Epidemiology at the University of Texas, School of Public Health. His research interests include quality of care and health psychology.

Eunice Ambriz, RN, BSN (UT-Houston Health Science Center) has been working at the VA-Houston as a research nurse for 2 1/2 years. Eunice is currently pursuing her MPH degree at the University of Texas, School of Public Health. She enjoys spending time with her kids.

Andrea Ruggiero, BA (Sam Houston State University) started at the Center in June as an intern, and has since been hired on as a Programmer/Research Assistant. Andrea is working on her MS in Biostatistics at UT-School of Public Health and plans to graduate in August 2000.

So long to **Susan Hutchinson**, the receptionist for HSR&D. She will be moving to Abilene, in June, to start training for a five year mission trip to Buenos Aires, Argentina. Best of luck!

Research

Publications

Variations in risk-adjusted cesarean delivery rates according to race and health insurance. Aron DC, [Gordon HS](#), DiGiuseppe DL, Harper DL, Rosenthal GE. *Med Care* 2000;38:34-44.

This study examined the association between race and insurance and cesarean delivery rates after adjusting for clinical risk factors that increase the likelihood of cesarean delivery. Patients were 25,697 women without previous cesarean section delivery who were admitted for labor and delivery to one of 21 hospitals. Data were from patients' medical records. The results showed the overall rate of cesarean delivery was similar by race, but rates varied according to type of health insurance. After controlling for 39 maternal and neonatal risk factors for cesarean delivery, the adjusted odds of cesarean delivery was higher in non-white patients (OR 1.34; 95%CI 1.14-1.57; $P < .001$), but similar for patients with government insurance and somewhat lower for uninsured patients. In analyses stratified by quintiles of the predicted risk of cesarean delivery, racial differences were largely limited to patients in the lower risk quintiles. Lower odds of cesarean delivery for uninsured patients were not significant, but were consistent across the risk quintiles. In conclusion, after adjusting for clinical factors, race and insurance status may independently influence the use of cesarean delivery.

Akpaffiong M, [Kunik ME](#), Hale D, Molinari V, Orengo C: Cross-cultural differences in demented geropsychiatric inpatients with behavioral disturbances. *International Journal of Geriatric Psychiatry* 1999;14(10):845-850.

Cross-cultural differences in treatment and diagnosis exist in several psychiatric disorders. This study examines phenomenological and treatment differences between Caucasian and African-American patients presenting to a geropsychiatric unit for treatment of behavioral disturbances associated with dementia. Results showed that Caucasian and African-American patients with dementia and behavioral disturbances presented and responded

similarly to like treatment. The similarity between the two groups might be explained by the multi-ethnic make-up of the interdisciplinary treatment team and by the use of standardized scales to measure symptomatology and response.

Mercer GT, Molinari V, [Kunik ME](#), Orengo CA, [Snow L](#), Rezabek P: Rehospitalization of older psychiatric inpatients: an investigation of predictors. *The Gerontologist* 1999;39(5):591-598.

The purpose of this study was to identify a combination of variables, which could predict rehospitalization among a sample of 150 geropsychiatric inpatients. Logistic regression analyses testing a modified model identified "risk factors" for geropsychiatric rehospitalization and correctly classified approximately 80% of inpatients who were rehospitalized for subsequent treatment. Patients' psychiatric diagnosis (mood or schizophrenic disorder); poor general psychiatric functioning, depressive and agitated behavior at discharge; little or no supervision in living arrangements following discharge; limited social support; change in the social support system preceding hospitalization; and maladaptive family functioning could significantly predict geropsychiatric rehospitalization. The strongest independent predictor was maladaptive family functioning

[El-Serag, HB](#), Inadomi, JM, Kowdley, KV. Screening for Hereditary Hemochromatosis in Siblings and Children of Affected Patients. *Ann Intern Med* 2000;132:261-269.

In patients with hereditary hemochromatosis (HHC), a common genetic disease, iron is deposited in the tissues, which can lead to cirrhosis, diabetes, and heart failure. These complications can be prevented by phlebotomy if the iron overload is detected early. Screening for HHC is recommended in children and siblings of patients with HHC and is traditionally performed using serum iron studies. Recently, a test for the genetic abnormality of HHC (C282Y mutation on the HFE gene) has been developed. Using mathematical modeling, we compared 4 screening strategies that incorporate gene testing or serum iron studies in screening a "virtual" group of 10-year-old children and 45-year-old siblings of known HHC patients. We found that gene testing for the C282Y+/-

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+ mutation is a cost-effective method for screening relatives of patients with HHC. In screening children of a proband, gene testing of the spouse could save costs by guiding further gene testing of the children.

[Petersen LA](#), Wright SM, Normand SLT, Daley J. Positive predictive value of the diagnosis of acute myocardial infarction in an administrative database. *J Gen Intern Med* 1999;14:555-8.

This study of the Veterans Health Administration's discharge database demonstrated that the positive predictive value of the diagnosis of acute myocardial infarction (AMI) and cardiac procedures is high when using an algorithm to refine a cohort of AMI cases. For cases with AMI coded in the primary coding position, 96.9% had an AMI on admission to the hospital. Absence of clinical criteria for AMI or MI in the prior 8 weeks accounted for the majority of false positive AMI codes. The large number of false positive cases with an AMI in the prior 8 weeks draws attention to a potential problem with the accuracy of the fifth digit code of "2". Discharge abstract databases provide a wealth of information on resource utilization and outcome which needs to be accurate for reimbursement, quality monitoring, research and a growing list of other purposes.

[Petersen LA](#), Wright S. Does the Veterans Health Administration provide "primary" primary care? *J Gen Intern Med* 1999;14:318-9.

In this editorial, Drs. Petersen and Wright review the literature and potential policy responses to so-called "dual utilization" of VHA and non-VHA primary care services on the part of Medicare-eligible veterans. The examination of dual use of primary care is important, since most agree that having a single primary care provider is optimal for continuity and coordination of health care.

Wright SM, [Petersen LA](#), Daley J. Increasing use of Medicare services by veterans with acute myocardial infarction. *Med Care* 1999;37:529-37.

The aims of this investigation were to examine trends where Medicare-eligible VA users are initially hospitalized for acute myocardial infarction (AMI) and then to assess rates of cardiac procedure use and mortality for veterans initially admitted to each system of care. We found that almost 70% of VA users hospitalized for AMI were initially admitted to non-VA hospitals under Medicare financing versus VAMCs between 1992 and 1995. After adjusting for patient characteristics in logistic models, VA users initially hospitalized in non-VA hospitals were significantly more likely to undergo cardiac procedures than were VA users hospitalized in VAMCs. We found no significant differences in 30-day and 1-year adjusted mortality rates between VA users initially admitted to VAMCs or non-VA hospitals.

Bates DW, Miller EB, Cullen DJ, Burdick L, Williams L, Laird N, [Petersen LA](#), et al. Patient risk factors for adverse drug events in hospitalized patients. *Arch Int Med* 1999;159:2553-60.

Adverse drug events (ADEs) are common in hospitalized patients, but few empirical data are available regarding the importance of patient risk factors for ADEs. The authors found that ADEs occurred more frequently in sicker patients who stayed in the hospital longer. However, after controlling for level of care and pre-ADE length of stay, few risk factors emerged. These results suggest that, rather than targeting ADE-prone individuals, prevention strategies should focus on improving systems that administer medications to patients.

[Paterniti, Debora A](#). The Micropolitics of Identity in Adverse Circumstance: A Study of Identity-Making in a Total Institution. *Journal of Contemporary Ethnography* 2000;29(1):93-119.

This article is about the micro-politics of identity construction by residents in a total institution. Data come from two hundred hours of participant-observation during a four-month period of full-time employment as a nurse aide. Interactional analysis of observations suggests that residents' personal narratives, whether real or imagined, become who some residents conceive themselves to be, and define residents' expectations for interactional

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others. Changes in institutional culture occur as staff begin to recognize in interaction the ways residents think of themselves. The narrative accounts and interactional struggles to define self that I discovered in the institution are not unlike conceptions and processes of identity construction, maintenance, and change that confront all human actors. These accounts provide insight into the liberating possibilities of personal identity claims.

In Press

[Morgan R](#), Virnig B, DeVito C, Persily, N. Medicare HMO disenrollment and selective use of medical care: osteoarthritis related joint replacement. *American Journal of Managed Care* (in press).

We used inpatient claims data for elderly Medicare beneficiaries residing in South Florida between 1990 and 1993 in order to test whether health maintenance organization (HMO) enrolled Medicare beneficiaries are returning to the Medicare fee-for-service (FFS) system to receive quality of life enhancing elective care. We found that immediately following their disenrollment, Medicare HMO disenrollees were three and a half to four times more likely than expected to have an admission for either total hip arthroplasty (THA) or osteoarthritis related knee replacements (OKR). There was a much smaller elevation in their rate of admissions for total hip replacements related to fracture of the hip, and no elevation in their rate of admissions for acute myocardial infarctions. Thus, these data provide indirect evidence that Medicare HMOs in South Florida are rationing THAs and OKRs, and raise questions regarding the management of serious, but non-emergent, medical conditions within the evolving Medicare system.

New Research Grants

Project Title: “Determinants of Adherence to Antiretroviral Therapy and Impact on Outcomes.”
PI: [Terri Menke, PhD](#)
Co-Investigators: [Linda Rabeneck](#), [Debora Paterniti](#), [Julie Soucek](#), [Cheryl Anderson](#), Sam Bozzette (San Diego VA), and Allen Gifford (San Diego VA).

This project was VA funded under a special solicitation for the QUERI. The study consists of several components. First, we will conduct focus groups of HIV-infected VA patients to elicit their views about adhering to the complex drug regimens required for the new combination therapies for HIV infection. Second, we will develop a questionnaire to obtain information from HIV-infected patients about their self-reported adherence to antiretroviral therapy. Finally, we will conduct regression analyses of the factors associated with adherence to antiretroviral therapy, to identify the most important determinants. The results can be used to design interventions to improve adherence.

Project Title: “Study of Health Outcomes of Weight Loss”

PI: John Foreyt

Co-Investigators: [Terri Menke](#), Becky Reeves, Henry Pownall, Alan Herd, Ashok Balasubramanyam, Christie Ballantyne, Peter Jones, and G. Ken Goodrick (All are from Baylor College of Medicine).

Baylor was selected as one of 15 sites in this NIH-funded multi-site randomized clinical trial. The focus is on the long-term outcomes of weight loss among obese diabetics such as stroke, MI, costs, related to diabetes, and quality of life. The trial will randomize diabetic patients to a lifestyle intervention, lifestyle intervention plus weight-loss drug, or usual care.

Project Title: VISN 16 Drug Waste Project

PI: [Michael Johnson, PhD](#)

Co-PI: [Rebecca Beyth, MD, MS](#)

The purpose of the project is to conduct a preliminary study to identify sources of pharmacy waste that can be targeted for intervention to improve patient outcomes and reduce costs. Pharmacy records for all patients on lansoprazole (Prevacid) will be obtained from the VISN 16 VISTA data warehouse. Lansoprazole was the highest cost drug (over \$8M) in VISN 16 in FY99. Records will be linked to the inpatient and outpatient administrative databases for analysis. Three measures of potential pharmacy waste will be developed: underuse, overfilling, and appropriateness of prescription. Association of these

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obtained from several decision analysis models indicates that an *H. pylori* test-and-treat strategy is the most cost-effective approach. On the other hand, other decision analysis models do not agree with this finding. Clearly what is needed is direct evidence from a multicenter randomized controlled trial to settle the question. Working with colleagues at the Center and with Dr. Marc Boom, CEO, Baylor-Methodist Primary Care Associates, we plan to conduct a trial at several primary care sites in Houston.

In planning this trial, we determined that there were no satisfactory instruments for measuring

“The question that needs to be addressed is - how should primary care physicians integrate the new technology (*H. pylori* serologic tests and anti-microbial therapy) into their management of patients with dyspepsia?”

dyspepsia-related health, to serve as the primary outcome measure. Our next step was to obtain NIH funding to develop and test a dyspepsia-related health measure. We showed that dyspepsia is a multidimensional construct that is best measured using a separate scale for each dimension. The product of our work is SODA (Severity of Dyspepsia Assessment), a new effective, multidimensional dyspepsia-related health measure. SODA consists of three scales: Pain Intensity, Non-Pain Symptoms, and Satisfaction with Dyspepsia-Related Health. SODA overcomes the short-comings of previous dyspepsia-related health measures intended for use as primary outcome measures in randomized controlled trials. First, SODA is multidimensional. In conducting a randomized controlled trial to evaluate a therapy that is intended to relieve pain, it is important that the primary outcome measure match the intended treatment effect. The use of a measure that combines pain and non-pain symptoms would

be inappropriate in this context. Because each SODA scale separately evaluates the effects of treatment on a single dimension, each scale is exquisitely sensitive to that dimension. Second, the SODA satisfaction scale complements the other two SODA scales because it asks patients to evaluate their overall dyspepsia-related health. By asking patients to make their own judgments, this scale provides a global and patient-weighted assessment of dyspepsia-related health. Third, the SODA scales are reliable and valid, and responsive to clinically meaningful change over time. Responsiveness has previously received little attention in the development of dyspepsia measures, yet it is a critical property for measures that are to be used in randomized controlled trials. Last, we transformed the ordinal-level raw SODA scores to equal-interval scores. Having an equal-interval measure is important for certain applications that involve change in scores over time. SODA is currently in use in multicenter trials in the U.S. and in Europe, and has been translated into several languages.

The second focus of my research has been PEG tube placement, a procedure that involves the endoscopic placement of a feeding tube into the stomach. This is a straightforward procedure that is well tolerated by patients, and associated with very few complications. The enormous advantage of PEG tube placement is that it does not require the patient to undergo a surgical procedure to insert the tube. Because of their ease of placement, PEG tubes have become the preferred method for long-term enteral feeding and are in widespread use. Based on clinical observations, I recognized that there were no specific guidelines to assist physicians in deciding whether to offer PEG tube placement. In fact, little was known about the long-term outcomes of patients who received PEG tubes. Fuchs and Garber had described a framework for a “new” technology assessment, which proceeds in three steps. The first is safety and technical aspects. The second is efficacy. The third is the overall contribution of the technology to broad patient outcomes, such as mortality and quality of life. Viewed from the perspective of this framework, previous research evaluating PEG tube placement had focused entirely on the first two steps. Thus, the procedure is safe and technically straightforward. In addition, previ-

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ous work had shown that PEG tube feeding is more efficacious than nasogastric tube feeding, in terms of fewer tube dislodgements. However, it was clear that PEG tube placement had not been evaluated within the context of the third stage of technology assessment, that is, its overall contribution to broad patient outcomes. We began our PEG tube work by evaluating a cohort of patients who received PEG tubes. Our VA PEG tube study consisted of 7,369 veterans who had received a PEG tube during 1990 to 1992. We determined that 25% of patients who received PEG tubes died in hospital following the procedure, reflecting the severity of their underlying disease. The median survival of the full cohort was 7.5 months. This study raised a critical issue - on what basis do physicians make the decision to offer PEG tube placement? Working with Laurence McCullough, PhD, of the Center for Medical Ethics and Health Policy at Baylor College of Medicine (BCM), we developed a clinical-ethical framework for the decision to offer PEG tube placement. We are currently working to extend this line of research, focusing on the decision making process as it occurs at the interface between health care personnel (physicians, nurses, social workers, speech pathologists) and the patient/family.

In addition to my own research, I seek to contribute to the development of the field of outcomes research. Since my appointment as Assistant Chief for Outcomes Research, Health Services Research Section, Baylor College of Medicine, I have worked with Nelda Wray, MD, MPH, Section Chief, to develop outcomes research within the Department. An important focus of my activities has been to lead the development of outcomes research in digestive diseases. This initiative has two components. The first is to establish a group of gastroenterologist/health services researchers at the Center, with dual appointments in the Sections of Health Services Research and Gastroenterology. Working with David Graham, MD, Chief, Gastroenterology Section, we have begun this effort. In July 1999, we recruited Hashem El-Serag, MD, MPH, an outstanding gastroenterologist from the University of New Mexico. We plan further faculty recruitment over the next 3 years. The second component of this initiative is to establish a Gastroenterology/MPH (GI/MPH) training program at BCM. The new program will be a special

track in the existing Gastroenterology Fellowship training program at BCM. We have recruited our first trainee, who will begin July 2000 and will undertake a 3-year program of training in clinical gastroenterology and mentored research, during which he will obtain an MPH degree from the University of Texas-Houston School of Public Health. We plan to seek an NIH institutional training grant to support this new GI/MPH training program.

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Research

measures with patient utilization and outcomes will be tested. The project is the first step to develop methods applicable on a larger scale to any drugs or patient populations. It is groundbreaking work in the area of large database analysis of pharmacy records linked to resource utilization.

Project Title: VHA Health Services Research & Development Career Development Award, Advanced Level

PI: [Laura Petersen, MD, MPH](#)

Dr. Laura Petersen was awarded a renewal of her VA HSR&D Research Career Development award at the Advanced Level (ARCD). She will use the renewal to develop new skills for the study of the relationship between the financing of health care services and access to health care. Her research goal is to inform policy at the national level in order to improve access to health care for veterans.

Project Title: VHA Contract Project PCV20-0299-LPE. “Evaluation of Possible VHA Capitation Models: VERA Compared with Disease Burden Adjustment Factors.”

PI: [Laura Petersen, MD, MPH](#)

See description below.

1999-2000 VHA Contract XVA 33-104: “Phase II Evaluation of Use of Disease Burden Adjustment Factors for Network Capitation Payments in VHA”

PI: [Laura Petersen, MD, MPH](#)

In Phase I of this project, we evaluated the explanatory power of a variety of clinical risk adjusters (Adjusted Clinical Groups [ACGs], Diagnostic Cost Groups [DCGs], Resource Utilization Groups [RUGs], Functional Independence Measures [FIMs], and a mental health utilization indicator variable) for prospective (next year) costs. To carry out the analysis, we used fiscal year (FY) 1997 diagnostic information from a cohort of 3,442,311 veterans and FY 1998 Allocation Resource Center (ARC) cost data for these patients to assess explanatory power of the risk adjusters in various combinations. In the Phase II, we will evaluate implementa-

tion of a disease-based budget allocation system.

VHA Contract XVA 33-015: “Facility Level Capitation Project”.

PI: [Laura Petersen, MD, MPH](#)

The Chief Financial Officers of VISNs 6, 16, and 20 have asked that we develop and test a capitation system that uses disease burden adjustment factors to allocate clinical dollars or a portion thereof from Networks to individual medical care facilities.

Project Title: Subjective Quality of Life and Knee Replacement Surgery

PI: [Debora Paterniti, PhD](#)

Osteoarthritis is the most common form of arthritis in older patients and causes pain that may severely compromise and reduce patient function and quality of life. In severe cases, total knee arthroplasty (TKA) is performed. Although recovery is very painful for some patients, total knee replacement is considered a beneficial procedure according to clinical studies and modern outcome measures. However, the total burden of illness (functional and social) not only impacts patients’ life quality but also makes understanding quality of life after knee replacement “fuzzy.” Some studies of knee replacement and quality of life suggest that the burden of pain is not as great as the *social* burden to patients during knee replacement. Yet diverse patients’ subjective base-line assessments of well-being differ in type and quality and change over time. Patients’ healing trajectories may also differ, mitigating patient activity and life priorities. Because few investigators have actually talked with patients about how they might define life quality pre- and post-knee surgery, none detail *how quality of life changes* nor *how change is constituted experientially* in the everyday lives of older patients. The aims of this study are (1) to use qualitative interviews, patient journals, and chart review to understand subjective patient quality of life indicators in older patients over the course of illness and healing during knee replacement, and (2) to generate hypotheses for improving patient and physician understanding, outcomes of illness and healing in older patients with knee replacement.

Staff Achievements

February, 2000



Terri Menke, PhD (pictured left), a health economist, is a co-investigator on the Study of Health Outcomes of Weight Loss (SHOW) trial. Dr. Menke, along with investigators at 16-sites will design a life-style intervention study. Dr. Menke was also promoted to Associate Professor (with tenure) at

Baylor College of Medicine, and to Assistant Chief for Health Policy in the Health Services Section of the Department of Medicine.

Dr. Linda Rabeneck was Visiting Professor at Vanderbilt University, Nashville, TN, and New York University, NY.

Dr. Rebecca J. Beyth published “Key References in Venous Thromboembolism in the Elderly. Bleeding Risks,” in the *Journal of Thrombosis and Thrombolysis* 2000;9(1)121-122.

Javier Pollan, MD, visiting research fellow, presented “Improving health care quality and efficiency in a Buenos Aires Hospital.”

January, 2000

Congratulations to **Frank Martin, MS** (pictured left), the Center’s Public Information Officer, who was invited to present “Research Dissemination Strategies” at the Center for Universal Design, North Carolina State University, Raleigh, NC.

Dr. Hashem El-Serag has published “Outcome of erosive esophagitis after Nissen fundoplication,” in the *Am J Gastroenterol* 1999;94:1771-1776; and “Corpus gastritis is protective against erosive esophagitis,” in *Gut* 1999;45:181-185.

Dr. Linda Rabeneck, was invited to serve as Co-Chair, Health Services Research, National Cancer Institute’s Colorectal Cancer Progress Review Group (NCI/PRG) Roundtable Meeting, San Francisco, CA.

Congratulations to **Dr. Mark Kunik** (pictured left), for receiving the Houston Veterans Affairs Medical Center Award for Excellence in Mental Health Teaching.

December, 1999

Nancy Jo Dunn, PhD and **Jeanne Schillaci, PhD**, led a discussion group session, “Beginning research in ‘strictly clinical’ settings: Making the

interface work,” at the annual meeting of the International Society of Traumatic Stress Studies, Miami, FL.



Dr. Mark E. Kunik co-authored, “Age-related personality differences in inpatients with personality disorders: a cross-sectional study,” with Molinari V, Snow-Turek AL, DeLeon H, and Williams W. The article was published in the

Journal of Clinical Geropsychology.

Dr. Hashem El-Serag presented, “Epidemiology of Hepatocellular Carcinoma in the US,” Speaker, in “Hepatitis C Virus in African Americans.” The National Institutes of Health, Bethesda, MD.

Dr. Kunik also presented, “A new approach to the assessment and management of agitation in patients with dementia, to the Arkansas Psychiatric Society, Little Rock, Arkansas.

November, 1999

Kimberly Wristers, PhD (pictured right), received grants from VA HSR&D; Pfizer, Inc.; and AHRQ to plan a national conference on “Techniques for Handling Statistical Bias in Health Services Outcomes Research.”



Tony Greisinger, PhD, Director CHF-QUERI, presented “Reliability, Quality and Outcomes in End of Life Care,” at the VA National Leadership Conference on Pain Management and End of Life Care, Alexandria, VA.

October, 1999

Congratulations to **Dr. Carol M. Ashton**, who was promoted to Professor, Department of Medicine, Baylor College of Medicine.

Michael Johnson, PhD, was appointed to Associate Director, Houston Center of Excellence.

Research Resources

Mark your Calendar...

Conference on Handling Bias, Nov. 7-9, 2000

The Houston Center for Quality of Care and Utilization Studies will host a national conference in conjunction with the Veterans Affairs Health Services Research and Development Services, Pfizer, Inc., the Agency for Healthcare Research and Quality, and Baylor College of Medicine entitled "Techniques for Handling Bias in Health Services Outcomes Research". The conference date is scheduled for November 7-9, 2000. The focus of the conference is three main sources of bias - selection bias, information bias, and confounding. The first session will offer background talks about these types of bias. The second session will focus on methods for handling bias in health services outcomes research. Practical applications of the methods will constitute the third session. In the final session, invited health services researchers will present current research in which innovative techniques were used to handle bias. This conference will bring together leading specialists in sampling techniques, missing data analyses, measurement theory, and modeling techniques, so health researchers from all disciplines can learn about new and advanced methods for handling bias in outcomes research.

www.hsrd.houston.med.va.gov/NationalConference/

Postdoctoral Fellowship

Houston VA Medical Center Health Services Research and Development Center of Excellence is accepting applications from recent doctoral degree graduates for a postdoctoral fellowship in health services research. The fellow is expected to develop and conduct a research project under the direction of a preceptor on the organization, delivery, costs, or outcomes of health care. Some research focuses of the Center are: measuring the quality of care; exploring racial disparities in health care access and provision; analyzing utilization and costs of HIV-infected patients; incorporating patient preferences in treatment decisions; and determining the effects of reimbursement mechanisms. The fellowship term is one year, but a second year is possible. Annual salary is \$36,000. Qualified candidates must be a U.S. citizen and have received a doctoral degree in one of the following disciplines: economics, psychology, epidemiology, sociology, health policy, statistics, or a related field. To apply, send curriculum vitae, three references and a cover letter describing your research interests and career goals to: Joyce McDaniel, Assistant Director for Administration and Finance, Health Services Research and Development Center of Excellence, VAMC-152, 2002 Holcombe Blvd., Houston, TX 77030. The Department of Veterans Affairs is an equal opportunity employer.

CHF QUERI: www.hsrd.houston.med.va.gov/chfqueri



Visit the CHF QUERI web site for up-to-date information about QUERI, CHF QUERI, the role of the CHF QUERI Coordinating Center, bibliography of CHF literature, funded research in CHF, VA and non-VA funding opportunities in CHF, and instructions for VA investigators who are requesting assistance in developing proposals on CHF.

The mission of CHF QUERI is to create measurable, rapid, and sustainable improvements in the quality of care and health outcomes of veterans with heart failure.



In the news...

Robert Morgan, PhD, was interviewed by the Public Broadcasting Service (PBS) for his expertise on patient participation, health states and enrollment in HMOs and fee for service providers. The PBS program, “*Seeking Solutions*,” is scheduled to air next fall, and will focus on health care in Florida, where Dr. Morgan conducted research prior his arrival at the Houston VA Center of Excellence.

Tracie Collins, MD, MPH, was featured in the honors and awards of *Vanguard Magazine*, the national magazine of the Department of Veterans Affairs, for her selection as a Robert Wood Johnson Foundation Minority Faculty Development Award finalist.

Nelda P. Wray, MD, MPH, was featured in *The New York Times Magazine* for an extensive cover story on the placebo effect and health services research. The article appeared in the January 9 issue.

*Houston Center for
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&
Utilization Studies*

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