
RESEARCH MONITOR

Houston Center for Quality of Care & Utilization Studies, a VA HSR&D Center of Excellence

Dr. Robert M. Morgan advances research agenda on VA-Medicare access and utilization

By Robert M. Morgan, PhD

Much of the research I do examines the interaction of Medicare with the Department of Veterans Affairs (VA) health care system, with an emphasis on the impact of the Medicare managed care program on health care access and utilization. Medicare is specifically mandated to provide broad ranging health care services to elderly (age 65 years and older) and disabled United States residents, as well as individuals diagnosed with end stage renal disease (ESRD). The Medicare program has dramatically improved both the access to care and the overall health of its targeted constituents; however, a diverse mix of factors continues to influence health care use within Medicare. These include system-level factors, such as the availability of providers, and individual-level factors, such as income, possession of other health insurance, health status, perceived quality of care, and knowledge about the Medicare program (Gornick et al., 1996; Culler, Parchman, Przybylski, 1998; Mueller, Patil, Boilesen, 1998). In particular, the costs of obtaining care under the Medicare FFS system, i.e., the co-payments and deductibles, have a powerful effect in reducing care-seeking among low income beneficiaries (Rice, Morrison, 1994).

Medicare provides near universal coverage for elderly US residents. Compared to the US population as a whole, this group is disproportionately represented among the veteran population (>30% of veterans compared to 17% of the general population; National Survey of Veterans, 1992). Currently, approximately 55% of all men and 2% of all women over age 65 are veterans. Thus, a substantial number of individuals have dual eligibility in the VA and Medicare health care systems, with approximately 85% of VA users over the age of 65 being Medicare-eligible. The VA and Medicare have mandates to serve their respective eligible populations. Dually eligible veterans can seek care in either or both systems,



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making coordination of VA and Medicare benefits for veterans who are legally entitled to both a complex issue

Medicare HMO enrollment among VA users

One focus of my research is on how veterans — both VA health system users and non-users — use Medicare managed care plans. Most prior research on co-utilization of the VA and Medicare systems has focused on the Medicare fee-for-service (FFS) system. Co-utilization of VA and Medicare FFS care has been well documented within the population of Medicare enrolled veterans (Fisher, 1994). VA utilization data demonstrates that the number of veterans who use inpatient and outpatient VA medical services drops after those veterans reach age 65 — the age of Medicare eligibility — suggesting that some VA users preferentially use Medicare funded health services when they become eligible (Hisnanick, 1994). Further, a large portion of veterans who use the VA system also concurrently seek care

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The Houston Center for Quality of Care & 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 of Excellence 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 outcomes 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.

Editor: Frank Martin, MS; Photography: VA Medical Media

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New Staff

Alicia Gladney, MS (Texas A&M University, Graduate School of Sociology) was hired as the new program coordinator for the Information Dissemination and Education/Academic Liaison (IDEAL) Core. The IDEAL Core is part of the AHRQ and Baylor sponsored research program "Racial and Ethnic Variation in Medical Interactions." Alicia has experience working with underserved populations in Houston to increase knowledge, attitudes, and practices about cancer prevention. Prior to arriving at the Center of Excellence, she was conducting research on anxiety and depression amongst adolescents. She enjoys playing basketball and watching the college playoffs in March.

Angelita Vinluan, CPA is a new Administrative Associate. She worked for Baylor College of Medicine as a Budget Manager and a Senior Auditor. In between she worked for AAA Texas for six years as an Accounting/Budget Manager. Her previous jobs were with different companies such as manufacturing, transportation, service, insurance and Big 6 accounting firm. She competes in bowling tournaments, enjoys ballroom dancing, reads mysteries and volunteers in church fund-raising activities and social services. Since the graduation of her youngest daughter from Cornell University, Angelita has more time to travel with her husband Ray who works at the VA Regional office.



Postdoctoral fellowships in health services research

- Measuring quality of care**
- Exploring racial disparities in health care access**
- Analyzing utilization and costs**
- Incorporating patient preferences in treatment decisions**
- Determining the effects of reimbursement mechanisms**

For more information contact:
Margaret Byrne, PhD, Director of Education Programs
713-558-4500

New Staff

Supicha Sookanan, BS (University of Texas, Austin) is a new Research Health Science Specialist assisting Dr. Laura Petersen. She is working on her thesis to complete her MPH degree at The University of Texas Houston School of Public Health. Before joining the Houston VA HSR&D, she worked at M.D. Anderson Cancer Center. Supicha enjoys playing ultimate Frisbee, going to movies, watching sports, trying new things, and hanging out with friends and her parents. She also speaks Thai but cannot do Thai cooking.

Dolly John, BA (Washington University, St. Louis) is a Research Assistant working for Dr. Morgan. She is also working on finishing up her MPH at UT School of Public Health. She has varied interests in the field of public health, and is excited about learning more about health services research. She enjoys relaxing with a good book or movie, ultimate frisbee, experiments with cooking (regardless of outcome), travel and spending time with family and friends.

Aida de Leon is the new staff accountant and will be assisting Angelita Vinluan, Administrative Associate. Aida has over 25 years of extensive experience in general accounting with various businesses, such as piping supplies, banking, aviation, and oil & gas. She's married and has 2 children (Erwin and Abby) in college. She loves to travel and when relaxing at home, loves to watch comedy shows on T.V.

Siddharta Reddy, MPH (University of Texas-Houston, School of Public Health) is a Research Assistant who joined the center last November. He is working with Dr. Margaret Byrne on a pilot study looking at the availability and extent of insurance coverage for screening colonoscopy in order to increase early detection of colon cancer. Prior to working for HSR&D, Sidd worked for the Baylor Section of Gastroenterology, lead by Dr. David Graham. Sidd received his Masters in Public Health in December 2000 and his Bachelors in Science from Houston Baptist University in 1996. He plays Ultimate Frisbee weekly, enjoys mountain biking, reading and artistic endeavors.

Job Openings

SAS Programmer

Collaborate with medical and scientific researchers in managing and analyzing health services research data. Strong knowledge of SAS software required (S-Plus and MS Access a plus). Master's degrees in statistics, math, public health or related fields and experience in research settings preferred. Must be a U.S. citizen. Send resume to: Assistant Director for Finance and Administration, Houston VA Medical Center (39A), VA Health Services Research and Development Center of Excellence, 2002 Holcombe Blvd, Houston, TX 77030 or call 713-558-4500. The Department of Veterans Affairs is an equal opportunity employer.



CHF QUERI

The VA Chronic Heart Failure Quality Enhancement Research Initiative

The CHF QUERI Coordinating Center, part of the Houston Center for Quality of Care & Utilization Studies, has created a web site to inform VA researchers, clinicians, and administrators about VA and non-VA funding opportunities in CHF, on-going funded research in CHF, up-to-date literature on CHF, CHF clinical practice guidelines, and educational materials for patients with CHF.

<http://www.hsrd.houston.med.va.gov/CHFQUERI>

Morgan advances research on VA-Medicare use patterns

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outside of the VA system. Studies of regional and national utilization data for the VA and Medicare health care systems report substantial dual VA-Medicare use by elderly Medicare eligible VA users (Fisher, 1994; Morgan, DeVito, Simpson, 1994; Wright, Hossain, Petersen, 2000). Further, a report from the General Accounting Office (GAO, 1994) found that when Medicare eligible veterans used VA services they made substantial use of VA health care services that were either not covered or which were poorly covered under Medicare. These included receiving prescription drugs, and using psychiatric, dental, vision, or hearing services.

Medicare managed care plans (most often health maintenance organizations or HMOs) frequently provide services which are not covered under Medicare FFS. Notably, these expanded benefits cover many of the health care services Medicare eligible veterans have been cited as frequently seeking through the VA. How-

ever, until recently, the use of VA services by HMO enrollees had not been extensively examined. Recent work by our group and by others has indicated that substantial proportions of veterans using the VA medical care system are enrolled in Medicare HMOs, with enrollment in Medicare HMOs by VA users roughly paralleling regional HMO enrollment rates among the general Medicare population (DeVito, Morgan, Virnig, 1997; Passman, et al., 1997; Wright, Hossain, Petersen, 2000). However, in our studies the likelihood of belonging to an HMO was not constant across different demographic sub-groups of elderly VA users. Our analyses of VA and Medicare administrative data, and of prospectively collected survey data from VA users and non-users, indicate that HMO enrollment among VA users is affected by age, income, and race. These findings imply that significant variation exists in how different sub-groups of VA users view Medicare HMOs relative to similar VA non-users (Morgan, Virnig, DeVito, 1997; Morgan, et al., 2000). When we compared HMO enrollment rates among VA users to the enrollment rates for comparable groups of elderly Medicare beneficiaries in the same area, we found that younger VA users (aged 65-74) are less likely than other comparable Medicare beneficiaries to be enrolled in Medicare HMOs, while older VA users (aged ³ 75) are more likely to be enrolled. VA users with low to moderate incomes < \$25,000 year are less likely than expected to be enrolled, while those with higher incomes are either enrolled at the community rate or are slightly more likely to be enrolled. Finally, Black VA users are less likely than expected to be enrolled, while non-Blacks are enrolled at almost exactly the community rate.

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Our findings imply that significant variation exists in how different sub-groups of VA users view Medicare HMOs. The Balanced Budget Act (BBA; 1997) revises key components of the Medicare managed care system, increasing the importance of understanding how Medicare HMOs interact with the VA system. BBA-related changes may be impacting both the availability and attractiveness of Medicare HMOs, particularly for minority and low-income individuals, and may have a pronounced effect on both how veterans use Medicare HMOs, and how HMO enrolled veterans use the VA system. Interestingly, there were not any dramatic differences in use of VA services between Medicare FFS and HMO enrolled VA users in our data. It is not clear

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if there are differences in use under the Medicare system. Whether the patterns of dual use, seen between the VA system and Medicare FFS system, extend to Medicare HMO enrolled VA users remains to be determined.

The need to understand how Medicare HMOs interact with the VA system is increasing in importance. The Balanced Budget Act (BBA; 1997) revises key components of the Medicare managed care system. These changes may be impacting both the availability and attractiveness of Medicare HMOs, particularly for minority and low-income individuals, and may have a pronounced effect on both how veterans use Medicare HMOs, and how HMO enrolled veterans use the VA system.

Medicare HMO enrollment and use of inpatient care

A second focus of my research has been on the patterns of enrollment and disenrollment between Medicare managed care plans and the Medicare FFS system, and how these patterns are related to health care use. Medicare HMOs are believed to be the beneficiaries of selective enrollment by healthier Medicare recipients. In our investigations, we have used Medicare enrollment and inpatient billing records for South Florida in order to examine: (1) enrollment into and disenrollment from Medicare HMOs; (2) use of inpatient medical services by FFS and HMO enrollees prior to HMO enrollment and following HMO disenrollment; (3) how differences relate to demographic characteristics; and (4) whether observed differences are maintained as HMO disenrollees remain in the FFS system.

When we examined Medicare HMO enrollment and disenrollment in Florida, we found that Black Medicare beneficiaries who lived in large urban areas were clearly choosing to enroll in Medicare HMOs at much higher rates than 'non-Blacks' (Virnig et al., 1998). Using data from 1990 through 1993, we found that Black beneficiaries were actually twice as likely to be enrolled in a Medicare HMOs compared to non-Blacks (42% versus 20%). Although low income beneficiaries were also more likely to enroll in Medicare HMOs in our study, income status didn't account for these racial differences. Black ben-

eficiaries were also about 50% more likely than non-Blacks to disenroll from an HMO back to the Medicare FFS system (18% versus 11% over a six-month period).

Our examination of inpatient use and its relationship to Medicare HMO enrollment and disenrollment showed significant selection biases into and out of HMOs. More specifically, we found that South Florida Medicare HMO enrollees use 66% of the expected amount of inpatient care prior to their enrollment in an HMO, while HMO disenrollees use 80% more than the expected inpatient care post-disenrollment (Morgan et al., 1997). Further, among HMO disenrollees, the use of inpatient services declined over time following disenrollment. Thus, there was a concentrated period of use immediately after disenrollment from HMOs. In fact, admissions for HMO disenrollees appear to be disproportionately comprised of admissions related to acute, but non-emergent care. For example, while the adjusted admission rates for acute myocardial infarctions and respiratory infections appear comparable between the HMO disenrollees and the FFS group, the admission rate for joint replacements was over 300% higher among the HMO disenrollees and the admission rate for mental health-related care was 400% higher (Morgan et al., 1998; Morgan et al., 2000). These biases in Medicare HMO enrollment and disenrollment undermine the effectiveness of the Medicare managed care system and highlight the need for longitudinal and population-based studies.

Current work

Little is known about the factors influencing VA users to enroll in Medicare HMOs, how these factors vary among different groups of veterans, or about how Medicare HMO enrollment affects use of the VA and Medicare systems. The impact on the VA of current BBA-related changes in Medicare remains to be seen. Reductions in service provided by Medicare HMOs, or increased premiums or co-payments for either Medicare HMOs or Medicare FFS, could dramatically increase VA use among veterans and lead current non-users to turn to the VA system as an alternative or additional health care provider. However, increased use of the VA care system by Medicare-eligible veterans (both HMO and FFS enrolled) may well lead to increased co-utiliza-

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tion and provision of redundant services. It is also unclear to what extent the relationship between Medicare HMO enrollment and VA use depends on services provided by the HMO plans, variability in need, severity of illness, lack of access elsewhere, or knowledge of the VA and Medicare systems.

To help answer some of these questions, we are currently conducting VA HSR&D funded research to study factors affecting use and non-use of VA services by VA-eligible Medicare HMO enrolled veterans. We are examining how system-level factors (e.g., health plan availability and breadth of available services) and indi-

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vidual-level factors (e.g., financial capacity, need for health care, knowledge about the health care system) differentially affect veterans' decisions to enroll in Medicare HMOs, how the effect of these factors vary by race/ethnicity and income status, and whether HMO enrollment impacts the use of VA medical care by these groups. This study will provide needed information about factors affecting use and non-use of VA services by Medicare HMO enrolled veterans and will aid in the development of models predicting movement between VA user and non-user status. Such models, combined with detailed information about perceptions of the quality and availability of VA and Medicare health care, co-morbid illness and functional status will provide information useful for estimating the impact of potential shifts in VA usage and will aid the VA in planning for future service needs. This research is supported by a VA HSR&D Service Merit Review award (HSRD IIR 00-052) and a

recently received VA Minority Research Experience Award. The latter award has enabled us to bring Dr. Nora Osemene, a Doctor of Pharmacy and Assistant Professor at Texas Southern University, onto our study team. Her addition not only strengthens our study team, but will also help to build the capacity for HSR at research institutions historically serving African Americans and Hispanics.

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Medicare HMO revolving door: the healthy go in and the sick go out. The New England Journal of Medicine, 337(3): 169-175.

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Morgan RO, Virnig BA, DeVito CA, & Persily NA (2000). Medicare HMO disenrollment and selective use of medical care: osteoarthritis related joint replacement. American Journal of Managed Care, 6(8): 917-24.

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Wright S, Hossain M, Petersen LA. Enrollment in the Medicare program among veterans turning age 65. Presented at the Department of Veterans Affairs Annual Health Services Research and Development Service Meeting, Washington, DC, 2000.

TSU investigator receives VA Research Experience Award

Dr. Nora Osemene, Assistant Professor of Pharmacy at Texas Southern University, has received the VA Research Experience Award, to participate on the Houston VA merit review study, "Medicare HMO Enrollment and VA Use by Minority and Low Income Veterans."

Dr. Robert Morgan, principal investigator and Associate Professor of Medicine at Baylor, will serve as Dr. Osemene's mentor for the yearlong fellowship award. The research study will examine whether enrollment in Medicare health maintenance organizations (HMOs) varies by racial/ethnic classification or income level, and how the Balanced Budget Act's (BBA) mandated changes to Medicare are affecting HMO enrollment by VA users and the use of VA services by HMO enrolled and non-enrolled veterans.

"It is an honor and a great privilege to receive this award," said Dr. Osemene. "The award represents an opportunity for collaboration between TSU and the Houston VA Center for Quality of Care and Utilization Studies. I look forward to the experience."

"The receipt of pharmacy services has long been recognized as a major area of co-utilization by Medicare eligible VA users. The changes occurring in the Medicare are expected to significantly impact this area of overlap between the VA and Medicare systems," said Dr. Morgan. "As a Doctor of Pharmacy, Dr. Osemene will bring significant and important added expertise to our research effort."

-- By Frank Martin

Research

New Research Grants

Project Title: Investigating childhood GERD as a risk factor for complicated GERD in adults

Role: [Hashem El Serag, MD, MPH](#), Principal Investigator

Funding Agency: The American College of Gastroenterology 7/2001-6/2002

Description: Several lines of evidence suggest that the duration of gastroesophageal reflux disease (GERD) symptoms is a major risk factor for the development of Barrett's esophagus (BE) and esophageal adenocarcinoma. It remains unknown whether GERD during childhood predisposes or progresses to complicated GERD in adults. This will be cross sectional cohort study among persons who were diagnosed with GERD during childhood who currently live in Houston and reached adulthood (>18 years) by year 2000. This study has two aims: (1) to estimate the current presence and frequency of GERD symptoms among persons diagnosed with GERD during childhood; and (2) to examine the potential determinants of GERD symptoms GERD (e.g. ethnicity, *H. pylori* gastritis, age, body mass index) among persons diagnosed with GERD during childhood.

Project Title: Risk-adjusted VERA project

Role: [Laura Petersen, MD, MPH](#), Principal Investigator; Co-Investigators: [Drs. Carol Ashton, Nelda P. Wray, Margaret Byrne, and Ken Pietz](#)

Funding Agency: VHA Contract, 2000-01

Description: The goal of this project is to assess the budget impacts at the Network level of changing to a health-based budget allocation model in the Veterans Health Administration.

Project Title: Implementation of a facility-level health-based capitation method for VISNs 6 and 12

Role: [Laura Petersen, MD, MPH](#), Principal Investigator; Co-Investigators: [Drs. Carol Ashton, Nelda P. Wray, Margaret Byrne, and Ken Pietz](#)

Funding Agency: VHA Contract, 2/1/01-1/31/02.

Description: In Phase I of this project, the chief financial officers of three VA Networks (6, 16, and 20) asked us to design and test a facility-level capitation method to distribute funds from the Network to the facility level. We are now assessing the impact of a disease-based capitation model on budget allocations to facilities.

Recent Publications

[Deswal A.](#), [Misra A.](#), [Bozkurt B.](#) The Role of anti-cytokine therapy in the failing heart. *Heart Failure Reviews*. 2001;6:143-151.

The understanding of the role of “neurohormones” in the progression of heart failure has led to the utilization of agents that antagonize the activation of neurohormonal systems as effective therapy in patients with heart failure. As more evidence emerges linking proinflammatory cytokines to disease progression in heart failure, there is an increasing interest in developing anti-cytokine strategies that might be used as adjunctive therapy in patients with heart failure. Accordingly, the focus of the present review is to summarize the experimental and clinical studies that have attempted to modulate the effects of cytokines in heart failure. Strategies have been employed to either suppress cytokine production or to prevent their toxic effects by interfering with the binding of cytokines to their cognate receptors.

[Petersen LA](#), [Normand SLT](#), [Daley J](#), [McNeil BJ](#). Outcome of myocardial infarction in Veterans Health Administration patients as compared with Medicare patients. *N Engl J Med* 2000;343:1934-41.

In the largest clinical study yet of VA versus non-VA care, a team led by Dr. Laura Petersen, compared post-heart attack mortality rates from 81 VA hospitals and 1,530 non-VA hospitals. The non-VA patients were Medicare recipients. In all, the records of more than 30,000 patients—all men age 65 and up—were analyzed. The analysis indicates that Veterans who suffer heart attacks and are cared for in Veterans Affairs (VA) medical centers receive the same quality of care as patients in non-VA hospitals. The study controlled for mortality-risk factors such as other illnesses, severity of heart attack, age and race. The VA patients studied were slightly younger than the Medicare patients but had significantly higher rates of diseases such as hypertension, stroke, lung disease, diabetes and dementia. They were more likely to be African-American. The research team used two separate statistical methods to control for patient differences, to achieve a level playing field between the VA and non-VA hospitals. Both methods showed the same result: no significant difference in mortality rates between VA and Medicare patients.

Research

Oddone EZ, Petersen LA, Weinberger MA. "Health care use in the Veterans Health Administration: Racial trends, spirit of inquiry" in National Research Council. *America Becoming: Racial Trends and Their Consequences*. Smelser N, Wilson WJ, Mitchell F eds. Washington, DC: National Academy Press, 2001.

In *America Becoming*, edited by Neil J. Smelser, William Julius Wilson, and Faith Mitchell, leading scholars and commentators explore past and current trends among African Americans, Hispanics, Asian Americans, and Native Americans in the context of a white majority. This volume presents the most up-to-date findings and analysis on racial and social dynamics, with recommendations for ongoing research. Dr. Laura Petersen co-authored the chapter with Eugene Z. Oddone, MD, Director of the Durham VA Center of Excellence and Morris Weinberger, PhD, Professor of Medicine at Indiana University School of Medicine.

Goetzl, L, Shipp, TD, Cohen, A, Zelop, CM, Repke, JT, and Lieberman, E. Oxytocin dose and the risk of uterine rupture in trial of labor after cesarean. *Obstet Gynecol* 2001;97:381-384.

Objective: To examine the association between uterine rupture and oxytocin use in trial of labor after cesarean. **Methods:** A case-control study was performed. Cases were all women with uterine ruptures who received oxytocin during a trial of labor after a single cesarean delivery within a 12-year period (n = 24). Four controls undergoing trial of labor after a single cesarean delivery were matched to each case by 500 g birth weight category, year of birth, and by induction or augmentation (n = 96). The study had an 80% power to detect a 40% increase in oxytocin duration or a 65% increase in total oxytocin dose. **Results:** No significant differences were seen in initial oxytocin dose, maximum dose, or time to maximum dose. Although women with uterine ruptures had higher exposure to oxytocin as measured by mean total oxytocin dose (544 mU higher) and oxytocin duration (54 minutes longer), these differences were not statistically significant. Women with uterine rupture who received oxytocin were more likely to have experienced an episode of uterine hyperstimulation (37.5% compared with 20.8%, P = .05). However, the positive predictive

value of hyperstimulation for uterine rupture was only 2.8%. **Conclusion:** Although no significant differences in exposure to oxytocin were detected between cases of uterine rupture and controls, the rarity of uterine rupture limited our power to detect small differences in exposure. In women receiving oxytocin, uterine rupture is associated with an increase in uterine hyperstimulation, but the clinical value of hyperstimulation for predicting uterine rupture is limited.

Jones CA, Voaklander DC, Johnston DW, Suarez-Almazor ME. The effect of age on pain, function, and quality of life after total hip and knee arthroplasty. *Arch.Intern.Med.*2001; 454-460.

BACKGROUND: As utilization rates for total joint arthroplasty increase, there is a hesitancy to perform this surgery on very old patients. The objective of this prospective study was to compare pain, functional, and health-related quality of life outcomes after total hip and total knee arthroplasty in an older patient group (≥ 80 years) and a representative younger patient group (55-79 years). **METHODS:** In an inception community-based cohort within a Canadian health care system, 454 patients who received primary total hip arthroplasty (n +AD0- 197) or total knee arthroplasty (n +AD0- 257) were evaluated within a month prior to surgery and 6 months postoperatively. Pain, function, and health-related quality of life were evaluated with the Western Ontario and McMaster Universities (WOMAC) Osteoarthritis Index and the 36-Item Short-Form Health Survey (SF-36). **RESULTS:** There were no age-related differences in joint pain, function, or quality-of-life measures preoperatively or 6 months postoperatively. Furthermore, after adjusting for potential confounding effects, age was not a significant determinant of pain or function. Although those in the older and younger groups had comparable numbers of comorbid conditions and complications, those in the older group were more likely to be transferred to a rehabilitation facility than younger patients. Regardless of age, patients did not achieve comparable overall physical health when matched with the general population for age and sex. **CONCLUSIONS:** With increasing life expectancy and elective surgery improving quality of life, age alone is not a factor that affects the outcome of joint arthroplasty and should not be a limiting factor when considering who should receive this surgery.

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Research

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Kelly KD, Voaklander D, Kramer G, Johnston DW, Redfern L, [Suarez-Almazor ME](#). The impact of health status on waiting time for major joint arthroplasty. *J Arthroplasty* 2000; 15: 877-883.

Abstract: This study was conducted to determine the impact of health status on waiting time for major joint arthroplasty in a universal publicly funded health system. Data were collected prospectively from a cohort of 553 patients waiting for total hip or total knee arthroplasty. The WOMAC and SF-36 health status instruments were administered at the time the patient was placed on the waiting list. The outcome measure was length of waiting time. Multivariate analyses found increased body mass index and decreased social function as the only determinants of waiting time. This model explained only 4% of the variance in waiting time. The association between health status and waiting time for arthroplasties appears to be small. These findings suggest that major joint arthroplasty is not prioritized on the basis of burden of illness.

[El Serag HB](#), Everhart JE. Improved survival after variceal hemorrhage over an 11-year period in the Department of Veterans Affairs. *Am J Gastroenterol* 2000; 95: 3566-3573.

OBJECTIVES: Over the past two decades, several modalities have become widely used in the management of esophageal variceal hemorrhage. The effectiveness of these measures on the outcome of patients with this type of hemorrhage remains unknown. **METHODS:** Using the Department of Veterans Affairs (VA) Patient Treatment File, we identified two cohorts of patients diagnosed with an initial variceal hemorrhage: an early cohort during 1981-1982 (1339 patients), and a late cohort during 1988-1991 (3636 patients). Each cohort was followed for 6 years for rebleeding and death. Analyses were performed with proportional hazards survival analysis controlling for confounding factors. **RESULTS:** On presentation, patients in the late cohort were older (57 yr vs 55 yr, $p < 0.0001$) and had more ascites (25% vs 13%, $p < 0.0001$), more peritonitis (4% vs 2%, $p < 0.0001$), and

more encephalopathy (14% vs 9%, $p = 0.0003$). The late cohort experienced a significant decline in mortality at 30 days (20.8% vs 29.6%, $p = 0.0001$) and at 6 yr (69.7% vs 74.5%, $p = 0.0001$). This improvement was accentuated in multivariate survival analysis when controlling for the more severe illness in the late cohort. For patients who survived the first 30 days, no significant difference in 6 yr mortality was found on univariate analysis between the early cohort (63.7%) and late cohort (61.8%) ($p = 0.25$), but survival was slightly better in the late cohort on multivariate analysis ($p = 0.01$). In the late cohort, patients with sclerotherapy during the initial hospitalization had better 30-day (17%) and 6-yr mortality (68%) than did the rest of the late cohort. **CONCLUSIONS:** Between the years 1981-1982 and 1988-1991, improvements in long-term survival after an initial episode of esophageal variceal hemorrhage resulted primarily from better short-term mortality. Sclerotherapy offers a partial explanation for improved survival

[El Serag HB](#), Mason AC. Risk factors for the rising rates of primary liver cancer in the United States. *Arch Intern Med* 2000; 160: 3227-3230.

Background: A recent increase in the incidence of hepatocellular carcinoma was reported in the United States. The cause of this witnessed rise remains unknown. **Methods:** We examined the temporal changes in both age-specific and age-standardized hospitalization rates of primary liver cancer associated with hepatitis C, hepatitis B, and alcoholic cirrhosis in the Department of Veterans Affairs Medical Center's Patient Treatment File. **Results:** A total of 1605 patients were diagnosed with primary liver cancer between 1993 and 1998. The overall age-adjusted proportional hospitalization rate for primary liver cancer increased from 36.4 per 100,000 (95% confidence interval [CI], 34.0-38.9) between 1993 and 1995 to 47.5 per 100,000 (95% CI, 44.6-50.1) between 1996 and 1998. There was a 3-fold increase in the age-adjusted rates for primary liver cancer associated with hepatitis C virus, from 2.3 per 100,000 (95% CI, 1.8-3.0) between 1993 and 1995 to 7.0 per 100,000 (95% CI, 5.9-8.1) between 1996 and 1998. Concomitant with this rise, the age-specific rates for primary liver cancer associated with hepatitis C also shifted toward younger patients. During the same periods, the age-adjusted rates for primary liver cancer associated with either hepatitis

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B virus (2.2 vs 3.1 per 100,000) or alcoholic cirrhosis (8.4 vs 9.1 per 100,000) remained stable. The rates for primary liver cancer without risk factors also remained without a statistically significant change, from 17.5 (95% CI, 15.8-19.1) between 1993 and 1995 to 19.0 per 100,000 (95% CI, 17.3-20.7) between 1996 and 1998. Conclusions: Hepatitis C virus infection accounts for most of the increase in the number of cases of primary liver cancer among US veterans. The rates of primary liver cancer associated with alcoholic cirrhosis and hepatitis B virus infection have remained stable.

El Serag HB. Epidemiology of hepatocellular carcinoma. *Clin N America* 2001; 5: 87-107.

Abstract: Epidemiology is defined as the study of the *distribution* and *determinants* of health-related events in *specified populations*. This article focuses on the epidemiology of hepatocellular carcinoma (HCC). The first section reviews briefly the major determinants or risk factors for HCC, the second section surveys the global distribution of HCC, and the third section contains a detailed discussion of the distribution and determinants of HCC in the United States.

El Serag HB, Mason AC, Key C. Trends in survival of patients with hepatocellular carcinoma between 1977 and 1996 in the United States. *Hepatology* 2001; 33 : 62-65. Abstract: The recent increase in the incidence of hepatocellular cancer in the United States is thought to underlie the rising mortality of this malignancy. However, it remains unknown whether survival of patients with hepatocellular carcinoma (HCC) has changed during the same time period. Using the SEER database (Surveillance, Epidemiology, and End Results) of the National Cancer Institute, we examined the temporal changes and determinants of survival among patients with histologically proven HCC over a 20-year period. Between 1977 and 1996, 7,389 patients diagnosed with HCC were followed in the survival database of SEER. The overall 1-year relative survival rate increased from 14% (95% confidence intervals (CI): 12-16) during 1977-1981 to 23% (95% CI: 21-24) during 1992 to 1996. Between the same two time periods, less improvement was seen in the 5-year survival rates, which increased from 2% (95% CI: 1-3) to only 5% (95% CI: 4-7). The median survival

increased slightly from 0.57 years during 1977 to 1981 to 0.64 years during 1992 to 1996. In general, there were no significant differences in survival between men and women or between ethnic groups. During 1987 to 1991, a small fraction (0.8%) of patients underwent radical surgery; these patients had 1-year survival of 59% (95% CI: 35-83%), and 5-year survival of 35% CI (12-58%). Similar rates were seen during 1992-1996. In conclusion, a small improvement in survival of patients with HCC was seen between 1977 and 1996. Most of this apparent benefit is restricted to the first year following cancer diagnosis, raising the possibility of lead-time bias. There were no significant differences related to gender or ethnicity.

In Press

Deswal A, Petersen N J, Feldman A M, White B G, Mann D L. The effects of vesnarinone on peripheral circulating levels of cytokines and cytokine receptors in patients with heart failure: A report from the vesnarinone trial. *Chest*. In Press

Study Objectives. Proinflammatory cytokines may contribute to disease progression in heart failure by virtue of the direct toxic effects that these molecules exert on the heart and the circulation. Accordingly, there is interest in developing therapeutic agents with anti-cytokine properties that might be used as adjunctive therapy to modulate proinflammatory cytokine levels in patients with heart failure. Previous experimental studies suggested that Vesnarinone has potent anti-cytokine properties in vitro. Therefore, we examined the effects of Vesnarinone on circulating levels of cytokines and cytokine receptors in a large-scale, multicenter, clinical trial of patients with moderate to advanced heart failure: the Vesnarinone Trial (VEST). *Methods.* Circulating levels of tumor necrosis factor (TNF), and TNF receptors (sTNFR1, and sTNFR2), as well as interleukin-6 (IL-6) and IL-6 receptor (sIL-6R) were measured on plasma samples by enzyme-linked immunoassay at baseline and at 24 weeks in patients who were receiving placebo (n = 352), 30 mg of Vesnarinone (n = 367) and 60 mg of Vesnarinone (n = 327). *Results.* Treatment with 30 and 60 mg of Vesnarinone had no effect on circulating levels of cytokines or cytokine receptors in patients with advanced heart failure over a 24 week period. *Conclusions.* In

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contrast to the potent anti-cytokine effects observed with Vesnarinone in experimental studies in vitro, the results of this clinical study suggest that Vesnarinone does not have any measurable anticytokine effects in vivo in patients with moderate to advanced heart failure.

[Deswal A, Petersen N J](#), White B G, Young J B, Feldman A M, Mann D L. Cytokines and cytokine receptors in advanced heart failure: An analysis of the vesnarinone trial (VEST) cytokine data base. Accepted for publication in *Circulation*

We examined circulating levels of cytokines (tumor necrosis factor and interleukin-6) and their cognate receptors in 1200 consecutive patients enrolled in a multicenter heart failure trial. Cytokine and/or cytokine receptor levels were independent predictors of mortality in heart failure. In men, there was a linear increase in circulating levels of TNF with advancing age; in women TNF levels were relatively lower < 50 years of age, and relatively higher > 50 years of age. There were no racial differences in cytokines and/or cytokine receptors, whereas circulating levels of these proteins were greater in patients with ischemic heart disease.

Hampel H, Bynum GD, Zamora E, [El Serag HB](#). Risk factors for the development of renal dysfunction in hospitalized patients with cirrhosis. *Am J Gastroenterol* 2001; In press.

Background: Hospitalized patients with liver cirrhosis are predisposed to acute renal failure. We sought to identify the role of liver disease severity, infectious complications, and in-hospital treatment with aminoglycosides as risk factors for acute renal failure among patients with cirrhosis. Methods: In a retrospective case-control study at the Albuquerque VA Medical Center, electronic and manual chart review was employed to identify all hospitalized patients with a diagnosis of cirrhosis and normal renal function (serum creatinine > 1.3 mg/dl) at the time of hospitalization. Cases were defined as patients who developed renal dysfunction (increase in creatinine > 1.0 mg/dl) within 15 days of hospitalization, and the remaining patients were controls. Results: Of 93 patients, there

were 23 cases and 70 controls. There were no significant differences in age, etiology of cirrhosis, serum levels of albumin or bilirubin, prothrombin time, encephalopathy, bacteremia, urinary tract infection, or occurrence of esophageal variceal bleeding. Patients who developed renal dysfunction were more likely to have ascites (87% vs 41%, $p < 0.01$), spontaneous bacterial peritonitis (44% vs 1%, $p < 0.01$) and treatment with intravenous aminoglycosides (48% vs 19%, $p < 0.01$). In a multivariate logistic regression analysis, aminoglycosides treatment was a strong risk factor for renal dysfunction (adjusted odds ratio=4, 95% confidence interval=1.4 to 11), independent of the severity of liver disease or peritonitis. Conclusion: Avoidance of aminoglycoside antibiotics may reduce the occurrence of renal dysfunction in hospitalized patients with cirrhosis. In addition, close monitoring of renal function should be employed among patients with ascites and/or spontaneous bacterial peritonitis.

[El Serag HB](#), Lee P, Buchner A, Inadomi JM, Gavin M, McCarthy DM. Lansoprazole treatment of patients with chronic idiopathic laryngitis: a placebo-controlled trial. *Am J Gastroenterol* 2001; In press. Background: Previous uncontrolled studies suggested a therapeutic benefit for treating gastroesophageal reflux disease (GERD) among patients with laryngitis. The present study is the first US randomized placebo-controlled double blind study of gastric acid suppression among patients with laryngitis. Methods: Patients diagnosed with idiopathic chronic laryngitis were randomized to receive either lansoprazole 30 mg p.o. bid or matching placebo for 3 months. Prior to randomization, all patients underwent upper endoscopy, dual probe ambulatory 24-hour esophageal pH-metry, laryngoscopy as well as completing a symptom questionnaire for GERD and laryngitis. The primary outcome of treatment was the complete resolution of laryngeal symptoms. Results: Twenty-two patients with symptoms and signs of chronic laryngitis were enrolled of whom twenty patients completed the study. At baseline, there were no significant differences between the two groups with regards to GERD symptoms, erosive esophagitis, proximal and distal esophageal pH-metry, or laryngeal signs and symptoms.

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In an intention-to-treat analysis, six patients in the lansoprazole group (50%) and only one patient (10%) in the placebo group achieved a complete symptomatic response, $p=0.04$. Apart from receiving lansoprazole, there were no significant differences between responders and nonresponders in any of baseline esophageal or laryngeal signs and symptoms. Conclusion: Empirical treatment with lansoprazole is efficacious in relieving symptoms of laryngitis compared with placebo. Such treatment can be considered as a first line option in managing patients with idiopathic chronic laryngitis.

El Serag HB, Everhart JE, Richardson PA. Risk factors for hepatocellular carcinoma: a case control study among US veterans. *Am J Gastroenterol* 2001; In press. Background: Diabetes mellitus has been reported to increase the risk of hepatocellular carcinoma (HCC). We carried out a case-control study to examine the role of diabetes mellitus while controlling for several known risk factors of HCC. Methods: All hospitalized patients with primary liver cancer (PLC) during 1997-1999 were identified in the computerized database of the Department of Veterans Affairs, the Patient Treatment File. Controls without cancer were randomly assigned from the PTF during the same time period. The inpatient and outpatient files were searched for several conditions including diabetes mellitus, hepatitis C virus (HCV), hepatitis B virus (HBV), alcoholic cirrhosis, autoimmune hepatitis, hemochromatosis, and non-specific cirrhosis. Adjusted odds ratios were calculated in a multivariable logistic regression model. Results: We identified 823 patients with PLC and 3,459 controls. The case group was older [62 years (± 10) vs 60 (± 11), $p < 0.0001$], had more men (99% vs 97%, 0.0004) and a greater frequency of non-whites (66% vs 71%, 0.0009) compared with controls. However, HCV and HBV infected patients were younger among cases than controls. Risk factors that were significantly more frequent among PLC cases included HCV (34% vs 5%, $p < 0.0001$), HBV (11% vs 2%, $p < 0.0001$), alcoholic cirrhosis (47% vs 6%, $p < 0.0001$), hemochromatosis (2% vs 0.3%, $p < 0.0001$), autoimmune hepatitis (5% vs 0.5%, $p < 0.0001$), and diabetes (33% vs 30%,

$p=0.059$). In the multivariable logistic regression, diabetes was associated with a significant increase in the adjusted odds ratio of PLC (1.57, 1.08-2.28, $p=0.02$) in the presence of HCV, HBV, or alcoholic cirrhosis. Without markers of chronic liver disease, the adjusted odds ratio for diabetes and PLC was not significantly increased (1.08, 0.86-1.18, $p=0.4$). There was an increase in the HCV adjusted odds ratio (17.27, 95% CI: 11.98-24.89) and HBV (9.22, 95% CI, 4.52-18.80) after adjusting for the younger age of HCV and HBV infected cases. The combined presence of HCV and alcoholic cirrhosis further increases the risk with an adjusted odds ratio: 79.21 (60.29-103.41). The population attributable fraction for HCV among hospitalized veterans was 44.8%, while that of alcoholic cirrhosis was 51%. Conclusions: Diabetes mellitus increased the risk of primary liver cancer only in the presence of other risk factors such as hepatitis C or B, or alcoholic cirrhosis. Hepatitis C infection and alcoholic cirrhosis account for most of primary liver cancer among veterans.

Pisecco S, **Wristers K**, Swank P, Silva, PA, Baker DB. The effect of academic self-concept on ADHD and antisocial behaviors in early adolescence. *Journal of Learning Disabilities*; In press.

Abstract: Using Structural Equation Modeling techniques, researchers evaluated the effect of academic self-concept (ASC) on the development of ADHD and antisocial behaviors in early adolescence. Subjects ($n=445$) included participants of the Dunedin Multidisciplinary Health and Development Research study. Eligibility was determined by the presence of complete data for the following variables at the specified time periods: reading at age 7, teacher reports of ADHD and antisocial behaviors at age 7, self ratings of ASC at ages 9 and 11, and teacher reports of ADHD and antisocial behaviors at age 13. Results of the study indicated that ASC is an important construct that directly contributes to the development of antisocial behaviors, rather than symptoms of ADHD. The results also indicated that the child's early history of behavioral problems and academic performance contribute to the development of a more robust understanding of the impact of ASC on the development of disruptive behaviors in early adolescence.

Staff Achievements

May

Texas Governor Rick Perry has announced the appointment of three members to the Texas Board on Aging, including [Dr. Nelda P. Wray](#), Chief of Health Services Research at Baylor College of Medicine and co-founder of the Houston VA Health Services Research & Development Center of Excellence. The Texas Board on Aging administers the Older Americans Act. Dr. Wray will serve on the board through February 1, 2007.

Several researchers and staff attended the Society for General Internal Medicine Conference (SGIM) Annual Conference in San Diego, CA.

[Rebecca Beyth, MD, MS](#), was appointed to the steering committee for the SGIM Anticoagulant Thromboembolism Research Consortium (ATRC). ATRC will develop a multi-site web-based patient registry database that will potentially provide the infrastructure for multi-site trials for patients with clinical conditions that require anticoagulant therapy. [Matt Price, MS](#), Executive Director for the HCQCUS Health Policy Research Institute, was appointed to serve as a specialist in governance for the newly created SGIM Anticoagulant Thromboembolism Research Consortium (ATRC). Mr. Price participated in the ATRC meeting during the SGIM conference. [Dr. Tracie Collins](#) presented: "Race/ethnicity as a risk factor for lower extremity non-traumatic amputation in peripheral arterial disease." [Dr. Paul Haidet](#) gave four presentations: "Effects of incorporating active learning strategies into a residents' lecture: Results of a controlled trial;" "Veterans' Explanatory models of illness: The role of meta-narratives;" "Medical student reflections on exercises intended to foster personal awareness;" and "Medical students attitudes toward patient-centered care and patients' perceptions of humanism." [Dr. Laura Petersen](#) participated in several SGIM activities. Dr. Petersen presented two abstracts: "Trust of physicians and satisfaction among minority patients with ischemic heart disease;" and "Access to clinically necessary angiography in VA compared with Medicare: A national comparison of process and 3-year survival." [Dr. Petersen's](#) NEJM paper (Petersen LA, Normand SLT, Daley J, McNeil BJ. Outcome of myocardial infarction



Dr. Rebecca Beyth

in Veterans Health Administration patients as compared with Medicare patients. N Engl J Med 2000;343:1934-41) was nominated for SGIM paper of the year. [Dr. Petersen](#) was selected as a finalist for SGIM junior investigator of the year and was appointed Chair for two scientific abstract review committees. Dr. Petersen was also invited to serve as a mentor in the one-on-one mentoring session for junior investigators. [Dr. Drew Helmer](#) presented: "The use of an urgent care center for ambulatory education and curriculum design." [Frank Martin, MS](#), Director for the Baylor HSR Information Dissemination and Educational/Academic Liaison (IDEAL) Core, presented "Dissemination, Media and Health Services Research: Applying Theory, Research and Practice at the Houston Center of Excellence." Mr. Martin was invited faculty for the SGIM Medicine and Media interest group.



Dr. Laura Petersen

[Dr. Hashem El-Serag](#) was appointed Director of the American Association for the Study of Liver Disease (AASLD) Research Workshop, "Epidemiology and Impact of Liver Disease in the United States." The AASLD workshop was held in Atlanta, GA. Dr. El-Serag also was appointed to the Research Committee of the American Society for Gastrointestinal Endoscopy (ASGE).

April

[Dr. Nelda P. Wray](#) was one of three featured speakers at the Houston VAMC Research Day on Thursday, April 19, 2001. Dr. Nelda Wray presented her research on the Placebo Effect and Osteoarthritis of the Knee.

[Dr. Laura A. Petersen](#) presented "Mortality After Myocardial Infarction: A National Comparison of VA and Non-VA Hospitals," at the National Quality Management Integration Council (QMIC), April 4, 2001.

Staff Achievements

March

[Dr. Mark E. Kunik](#) received the 2001 Department of Veterans Affairs South Central Mental Illness Research, Education, and Clinical Center (MIRECC) Major Contributor Award for his outstanding contribution to leadership and mentoring.

[Dr. Tracie C. Collins](#) was appointed as a Fellow of the Society of Vascular Medicine and Biology. SVMB is a national organization of general internists, cardiologists, and surgeons. The mission of this organization is to better understand and improve care for persons with vascular disease.

[Margaret M. Byrne, PhD](#), was invited to participate in the VA State of the Art (SOTA) Workshop entitled “Making Informed Consent Meaningful” at the VA Office of Research and Development, Washington DC.

[Frank Martin, MS](#), Director of the IDEAL Core, was appointed to the advisory committee for the Houston International Community Health Summit: Health Disparities. The mission of the two-day conference is to foster a multicultural exchange of knowledge on health care delivery.

February

[Julie Aniol, PhD](#), received the Highest Scientific Merit Award in the Post-Doctoral Poster Competition at the VA HSR&D 19th Annual Meeting. Dr. Aniol’s poster was titled “Assessing the Effects of Integrated Care on Medical Cost Savings in VA and Non-VA Mental Health Patients.”

[Dr. Paul Haidet](#) completed the Baylor Master Teachers’ Fellowship and presented his fellowship research project, titled “Effects of Incorporating Active Learning Strategies into a Residents’ Lecture, Results of a Controlled Trial,” at the MTFP Colloquium at Baylor College of Medicine.

[Dr. Laura A. Petersen](#) presented “Access to Clinically Necessary Angiography in VA Compared with Medicare: A National Comparison of Process and 3-Year Survival” at the VA HSR&D 2001 Annual Meeting.

[Frank Martin, MS](#), Director of the IDEAL Core, presented “An IDEAL approach: Information dissemination for AHRQ’s racial variation in the medical interaction research program,” at the National Ethnic Studies Conference, Houston, TX.

[Anh Tran, MPH](#), Program Coordinator for the Racial and Ethnic Variation in the Medical Interaction Re-

search Program, was selected by the NIH-Office of Minority Health (OMH) to serve as a grant reviewer - especially when the grants pertain to ethnic minority health issues. This was made possible through the OMH Minority Reviewer Project, an effort to identify, train and maintain a national database of qualified grant reviewers from different ethnic communities.

January

[Terri Menke, PhD](#), has received a five-year Senior Research Career Scientist Award from VA HSR&D. Dr. Menke is also an expert panelist for the VA Health Economics Resource Center (HERC), located at the Palo Alto VA.

[Dr. Anita Deswal](#) has received a three-year VA Cooperative Studies Program Clinical Research Career Development Award, entitled “Understanding Racial Variations in Response to Drug Therapy for Heart Failure.” Dr. Deswal is an Assistant Professor in Medicine, Section of Cardiology, at Winter’s Center for Heart Failure Research, Baylor College of Medicine and VA Medical Center.

[Lynn Snow, PhD](#), has received a two-year Associate Investigator Award from VA HSR&D. 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.

November

Congratulations to [LeChauncy Woodard, MD](#), (working with Dr. Laura Petersen) and [Drew Helmer, MD](#). Both passed their internal medicine boards which means that LeChauncy and Drew are full-fledged internists and have no more standardized tests to take for ten years! *Yeah!*

[Robert Morgan, PhD](#), presented “Regional variability in Medicare HMO enrollment by elderly minorities: How useful are national statistics?” at the American Public Health Association’s (APHA) Annual Meeting in Boston.

[Nancy Jo Dunn, PhD](#) and coauthors [Schillaci J.](#), [Wagner A.](#), [Rehm L.](#), [Soucek J.](#), [Menke T.](#), [Ashton C.](#), & [Hamilton J.D.](#) were authors of the poster “DevelopConvention of the American Psychological Association in Washington, D.C.”

Rewarding Excellence



Dr Thomas Garthwaite presents the National Innovation Award to Dr. Carol M. Ashton at the Houston VA Medical Center, Houston, TX

Carol M. Ashton, MD, MPH was a member of the multi-disciplinary Houston VA Medical Center team that received the VA Under Secretary for Health National Innovation Award. The team created and implemented a strategy for increasing the efficiency of the preoperative screening process before elective surgery. The Houston VA Medical Center was able to achieve large cost savings as a result of the team's work. Dr. Ashton's role consisted of using evidence from the medical literature to create guidelines for the referral of patients for internal medicine consultation before surgery.



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