

RESEARCH MONITOR

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

Ten Years of Excellence: Looking Back, Looking Forward



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

by Carol M. Ashton, MD, MPH
and Nelda P. Wray, MD, MPH

On October 1, 2000, the Center for Quality of Care and Utilization Studies celebrated its tenth birthday. Over the ten years of its existence, the Center, which started with three relatively inexperienced health services researchers, has grown into a research powerhouse that currently has over 80 faculty and staff, an operating budget of over \$6 million for the coming fiscal year, and a national reputation for excellence in health services research, faculty development and scientific leadership. In this article, we describe the Center's structure and growth over the past ten years, and reflect on challenges the Center is facing. Although the history of the

Center is interesting, particularly to those who created and are still creating it, we hope that this description of how one center grew and developed will be useful to the wider community of health services researchers who are working in and leading research units.

Center History

The Center is one of 11 health services research centers funded by the U.S. Department of Veterans Affairs, which has had an intramural health services research program since 1973. The Center is one of three established in 1990 under a VA-wide competition during the tenure of Daniel Deykin MD, who served as

Director of the VA Health Services Research and Development Service between 1987 and 1996. Five VA centers antedate Houston's, and three others were established during the mid-1990's. Center funding is awarded for a period of four or five years, with renewal based on an evaluation of past and potential successes. The Houston Center was renewed in 1994 and in 1999.

The Houston Center was designed by the two of us, and we wrote the application for funding that was submitted on December 14, 1989. For six months prior to the application date, we worked to create ties with relevant

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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.

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Julie C. Aniol, Ph.D. (Texas A&M University, College Station) joined the Center as a post-doctoral fellow in July. Julie completed her clinical psychology internship at Baylor College of Medicine. Her research interests include assessment of integrated medical and mental health delivery systems and treatment cost effectiveness.

Ursula Braun, M.D. is a geriatrician and an Assistant Professor of Medicine at Baylor College of Medicine, Division of Geriatrics. Her mentors are Drs. Rebecca Beyth, Mark Kunik, and Nelda Wray. Ursula studied medicine in Germany, and graduated from Ruprecht-Karls University of Heidelberg Medical School in 1993. After an internship at the University of Erlangen-Nuremberg, Germany, she moved to the United States for an Internal Medicine residency at Henry Ford Hospital in Detroit, MI (1995-1998), followed by a Geriatric Fellowship at Baylor (1998-2000). Her research interests are dementia and how racial differences affect its treatment, and the access and use of specialized medical services. Ursula states that she specifically wants to look at racial differences in decisions for percutaneous endoscopic gastrostomy (PEG) tube feeding. In the spring semester she will pursue an M.P.H. degree at the UT-Houston, School of Public Health.

Anita Deswal, M.D. (All India Institute of Medicine, New Delhi, India, University of Pittsburgh Medical Center, Baylor College of Medicine) recently joined our unit as the Core Director for New Research of the VA Chronic Heart Failure Quality Enhancement Research Initiative (CHF QUERI) Coordinating Center. Dr. Deswal is an Assistant Professor of Medicine, Section of Cardiology, at Winters Center for Heart Failure Research, Baylor College of Medicine. Her research interests include racial



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: Joyce McDaniel, Assistant Director for Administration & Finance, Health Services Research & Development Center of Excellence, 713-794-7615

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variations in heart failure therapy and outcomes, clinical trials in heart failure and the role of cytokines in heart failure. Dr. Deswal was recently awarded the prestigious VA Research Career Development Award.

Laura Goetzl, M.D., M.P.H. (University of California, San Francisco; Harvard School of Public Health) is an Assistant Professor at Baylor College of Medicine, Department of Obstetrics & Gynecology, Division of Maternal-Fetal Medicine (complicated pregnancies). Prior to her appointment here she was a Maternal-Fetal Medicine Fellow in Boston. During her fellowship, Laura obtained an M.P.H. Her husband, Nestor Esnaola, is pursuing a Surgical Oncology Fellowship at U.T. M.D. Anderson Cancer Center. Laura states that she and her husband came to Houston to be close to his family, which is huge. They live in Southhampton with their two children (Gabriela, age 3, and Lucas, age 4 months) and their dog LuLu. She has recently submitted several articles dealing with the maternal and neonatal side effects of epidural analgesia during labor, and has a recent article in revision which examines pitocin dose and duration as a risk factor for uterine rupture in trial of labor after cesarean. In addition, Laura is designing a randomized, double-blind interventional trial of Tylenol vs. Placebo to prevent fever in women with epidural analgesia.

Anh Tran, M.P.H. (UCLA) is the new Program Coordinator for the AHRQ project on Racial and Ethnic Variation in the Medical Interaction. Most recently, she served as Project Director at UCLA of a multi-site breast health education project, and was a health sciences specialist at the West LA VAMC in the Mental Illness Research, Education, Clinical Center (MIRECC). In 1999 she was PI of a grant from the NIH: Fogarty International Center and conducted a behavioral research study of HIV knowledge, attitudes, and behavior of young people in Hanoi, Vietnam. Anh is fluent in Vietnamese and proficient in Spanish.

Emily Lees, Ph.D., M.P.H. (Duke University, UT-School of Public Health) is working with Dr. Mark Kunik on a study of mutable determinants of disruptive behavior in patients with dementia. She has been with

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the University of Texas since 1995, where she has pursued research on stages of change for physical activity, retirement, and middle-aged women's decision-making. She is also adjunct faculty in the Houston Baptist University College of Nursing.

Nancy Jo Dunn, Ph.D. states that three new individuals are on her project. **Susan Hall** is a Research Assistant who is a graduate student at the University of Houston. **Mary Torres** joined as the Administrative Assistant, and **Jo Bailey, M.S.W.** is now working with the MIRECC part-time in her capacity as a Senior Research Coordinator. **Sofia Simotas, Ph.D.** is no longer with MIRECC, and has left the project to accept a full-time job as a Psychologist with the Houston VAMC Homeless Women Veterans Program.



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, ongoing funded research in CHF, up-to-date literature on CHF, CHF clinical practice guidelines, and educational materials for patients with CHF.

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

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academic institutions in the Houston area, including, the University of Texas School of Public Health, Rice University, Texas A&M University in College Station, and the University of Houston.



Nelda P. Wray, MD, MPH

These ties were particularly important to the Center in the early years, because faculty at those institutions provided a reservoir of health services research experience and expertise that Baylor College of Medicine, the Houston VA Medical Center's primary academic affiliate and a pri-

vate medical school that has no undergraduate university, lacked.

In 1990, virtually no health services research was being conducted at Baylor except for what we and some of our VA General Medicine Section colleagues were doing. Therefore, the Baylor pool of potential collaborating investigators in relevant disciplines such as health economics, sociology, and social psychology was shallow. However, we were extremely fortunate to have expert methodological consultation from J. Kay Dunn PhD, a biostatistician who was then and is still Director of the Design and Analysis Unit of Baylor's DeBakey Heart Center. In fact, without Kay's collaboration in the two or three years leading up to our application for Center funding, the two of us would not have been successful in obtaining our first project grants in health services research. Those early grants helped to convince the review committee that there was a reasonable chance that

a VA health services research unit in Houston would flourish.

Disadvantages often turn out to be advantages in disguise. Although the lack of health services research at Baylor made the Center's start-up phase difficult, it has also meant an opportunity for the Center to carve out a niche at Baylor. Now when people at Baylor think of health services research, they think of the Center: we are health services research at Baylor. That is now literally as well as figuratively true. In 1998, Baylor's Chairman of Medicine, Dr. Andrew Schafer, created and funded the Section of Health Services Research, and appointed Nelda, who had been Center Director since 1990, as Section Chief. Carol was appointed Center Director in July 1998, having served as the Center's Associate Director since 1990.

In the early years, the Center grew through the recruitment of doctoral level health services researchers, clinicians and non-clinicians alike, as full-time Center faculty. They were not split across multiple departments and did not have to divide their academic loyalties. They had only one office, at the Center where all Center staff were housed together, and developed their identity as members of the Center. When collaborators were needed, Center faculty could—and can still—walk down the hall a few feet and find another Center member who had not only the required methodological or health services expertise, but an eagerness to work together as well. We believe these early circumstances fostered the unusual level of cohesiveness for which our Center has always been noted.

We have continued the ties with our other four academic affiliates over the decade. Our ties have always been strongest with the UT School of Public Health, because of the significant overlap between the Center and UT-SPH in research interests and research approaches. Moreover, we both are alumnae of UT-SPH (Masters of Public Health, 1987), as are many of the Center's faculty. Over the past several years the Center has developed a strong internship program with the School of Public Health, and on the completion of their internship with us, many UT-SPH students join our research assistant pool and work as project staff.

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The Center's Research Foci

Although all 11 centers conduct general health services research, each center has an area of particular expertise. As our Center's name indicates, ours is quality of care research and the study of the determinants of health services utilization. These areas of expertise are the ones proposed in the application for Center funding submitted in 1989. The abstract of that application states that the Center's broad research objectives are (verbatim):

1. To understand how factors inside and outside the VA affect VA utilization
2. To determine the frequency, distribution, and determinants of readmission
3. To develop, test, and understand the consequences of interventions designed to break the cycle of readmission observed in chronic disease
4. To estimate the effect of various person-based capitation models on the distribution of VA resources
5. To develop valid outcome measures of the quality and effectiveness of the technical aspects of medical care, and to develop approaches to resolving the conflicts that arise because of different valuations of outcomes.

An examination of the Center's grant funding portfolio and publication record over this decade against these five research objectives shows an amazing faithfulness. Center investigators have done and are still doing very important work in these areas. For example, under objective #4 Terri Menke PhD, one of our health economists (and one of the pioneers who joined us during the first two years of our existence), has been continuously funded to examine the effects of various VA resource allocation systems on VA medical centers and the outcomes of VA beneficiaries. Laura Petersen MD MPH, who joined our Center two years ago, is intensively involved in the evaluation of VA's current capitation system, the Veterans Equitable Resource Allocation system. The VA Chronic Heart Failure Quality Enhancement Research Initiative, the coordinating center of

which is based in our Center, is poised to begin a translation project with multiple VA medical centers in order to reduce early readmission rates in VA beneficiaries with CHF (objective #3). Work we have done at the Center has shown that 14 day readmission rates in veterans with CHF exceed 25%, and that some early readmissions are attributable to substandard quality of care during the prior stay (objective #2).

Space and the reader's patience preclude a comprehensive review of the Center's adherence to its initial research objectives. However, it is useful to consider the cause and effects of our adherence. Quality of care and the utilization of health services continue to be critically important issues in U.S health care. These foci were wise initial choices. When we were building the Center, they determined which researchers applied to us and they determined which ones we hired. That in turn strengthened our focus and hastened the development of intellectual critical mass among Center research faculty. Because it allows for debate of ideas and synergy among researchers from various disciplines, critical mass further strengthened and strengthens yet the Center's focus.

Our Center has always used the entire gamut of primary-data study designs, but from the beginning we have also studied quality of care and utilization through the analysis of VA's large health care databases (Nelda's masters' thesis in 1987 involved an analysis of readmission rates using the VA's hospital discharge database, the Patient Treatment Files). Over the years the Center has developed a national reputation for its excellence in using the VA databases to answer important questions about quality of care, the determinants of service use, access to care, and the cost-effectiveness of care.

The Center's choice of quality of care and utilization as research foci and its excellence in database research also brought it attention from VA health care executives and policymakers. For example, for several years in the early 1990s the Center provided Dr. Galen Barbour, who at that time headed VA's Office of Quality Management, with periodic analyses of risk-adjusted VA hospital early

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readmission rates in several diagnostic categories. These rates were used in initiatives to improve quality of care in the VA system. Later on, our Center was able to provide VA Headquarters and network-level executives with



Carol M. Ashton, MD, MPH

analyses of VA health services use and health outcomes that were very helpful to VHA as it underwent its massive reorganization beginning in 1995. Recognizing the tension between the research enterprise and the insatiable need VA health care managers have for data, we have been selective about

contracts, accepting only those that posed methodological or content-area challenges that the larger health services research community would be likely to be interested in. Consequently, the methods and findings of almost all the research the Center has done under contract with VA managers has been published in the peer-reviewed health services research literature.

By choosing our VA contracts wisely, we have been able to be noticeably useful to the health care system of which we are a part, and have also been able to fulfill our mandate as a research unit to advance science. Center researchers have had the exhilaration of studying issues that VA managers care very deeply about while at the same time advancing analytic methods such as risk adjustment, health care epidemiology, and statistical approaches to controlling bias in observational research.

The Organization of the Center

In the initial application for Center funding, we described our organizational model as one in which each of the Center's doctoral-level investigators, clinicians and non-clinicians alike, would be expected to develop and pursue independent research projects and obtain outside grant support, functioning about half the time as a principal investigator and the other half as a collaborating investigator. By late 1993 each of the Center's seven or so researchers had obtained external grants as principal investigators, and we celebrated reaching that important milestone. We have retained the same structure. There are four expectations for doctoral investigators recruited to the Center as "research team leaders:" that they have a research agenda that is an important one, that they will be able to garner external grants to support pursuit of that agenda, that they will publish their research results in the peer-reviewed scientific literature, and that they will be able to progress up the academic ladder. We think that recruiting and retaining researchers who meet these criteria is one of the reasons our Center does research of such high quality. Moreover, it spreads the responsibility for the funding of this soft-money shop equally among all the team leaders.

Growth in the number of team leaders was relatively steady until 1998, when the new Baylor Section funds led to a rapid expansion. In turn, the growth in the number of team leaders led to a growth in the other parts of the organization, specifically the data processing and statistical analysis staff, the project staff, and the research administration staff. The growth and current size of the Center have meant that we have had to become more bureaucratic and create a level of middle managers who are in charge of various groups of personnel. The organization now has a matrix architecture, with the research team leaders responsible to lead their variously-composed teams in the execution of research projects, and the middle managers charged with administrative matters pertaining to types of personnel, such as computer programmers or research assistants.

There have been some growing pains over the past two years, as we tried to make sure our organization structure was the one to ensure the most efficient organizational processes and hence the best research and organi-

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zational outcomes. (Apologies to Avedis Donabedian for the adaptation of his health care structure-process-outcome model to our research unit—but it works!) For example, over the past 18 months we have phased in the idea of the research assistant pool. The intent was to decrease unwanted turnover in that group of personnel related to the ending of specific research projects and to increase the level of proficiency by ensuring that all the Center's research assistants possess a common set of core competencies (e.g., recruiting study participants, human subjects protections and informed consent). Essentially, the pool moves the responsibility for the continuation of employment of a proficient research assistant from the project principal investigator to the Center administration. We have already seen an improvement in job satisfaction among the research assistants, who as a group have always been uneasy about their job security. We hope that the pool idea will save the Center money in the long run, by reducing the administrative overhead associated with recruitment and training. Details aside, the point here is that we have found that an organizational chart that works one year does not necessarily work the next.

Future Challenges

From our perspective, the Center faces some very important challenges in the near and intermediate-term future. The first relates to the dependence on soft money (grants and contracts). While this dependence is and will always be a fact of the Center's life, it has important implications for research team leaders, because it requires that they are not only capable of but also successful at bringing in research grants to fund their own salaries as well as members of their project teams. Moreover, team leaders must bring in funds to support 90-100% of their salaries at all times, which means that they are always working at the high-stress level of full capacity. Center leadership must ensure that the coffers hold sufficient funds for seed funds for junior team leaders who are just getting their research programs up and running and bridge funds for senior team leaders who suffer lapses in funding. Without seed and bridge funds, the size of the team leader group—and therefore of the

entire Center—will have to be reduced. We are working to increase the supply of hard dollars into the program, for example, through the establishment of an endowed chair in health services research through Baylor College of Medicine. The physician salaries provided by the Houston VA Medical Center, where the Center's clinician researchers provide patient care services, represent another critically important source of hard dollars for salary support. Even though VA regulations preclude these clinicians from obtaining their salary from VA research grants, they must still be expected to support 90-100% of their research time as well as their team's salaries with externally funded project grants.

The second challenge the Center faces is the increasing complexity of the financial-planning process. We have had to work diligently and constantly to ensure that the size of each personnel category at the Center (research team leaders, computer programmers, information technology staff, project coordinators and research assistants, and administrative staff) matches the amount of work demanded of it as well as the amount of funding available to support it. For example, we know what the personnel costs are for our current pool of computer programmers, and we constantly monitor the amount of personnel dollars that grants and contracts are bringing in, in order to ensure the programmer pool is sized correctly. Our goals are to provide job security for top-notch personnel while providing our research team leaders with a readily available supply of the expertise they need to obtain their grants and conduct their research. To achieve this we must have a way of ensuring that projects are expertly planned before the grant applications are submitted, so that the work can be delivered on time and within budget. Over the past year we have had one of our programmers, Mark Kuebler MS, develop a time-keeping software application for our programmers and research assistants. We are using these data to determine how well we forecast, for any given research project, the amount of programmer and research assistant time that will be required to execute the project. We are always striving to improve the accuracy of our forecasts. Now Mark is extending this software to serve all of our needs in the Center's financial planning, and this year the software will also be keyed to the existing post-award financial management and accounting system.

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The third challenge lies in the Center's organizational chart. The size of the Center requires that we, as the Center's top leadership, not only have an organizational chart on paper, but that we, while retaining ultimate accountability, actually use it, by devolving some responsibility and decision-making authority to our middle managers. This devolution will be a learning experience for top and middle management alike. We must come up with ways to increase effective communication among ourselves: this is what is required to bring the organizational chart to life. We are fortunate in that all of us seem to be trying to be patient with each other as we inadvert-

We strive to ensure that our team-leader group contains the disciplines required for top-notch multi-disciplinary health services research.

ently create problems for each other as a result of poor communication. We try not to make the same lack-of-communication mistake twice. However, it seems that the reservoir of potential mistakes is inexhaustible!

The fourth significant challenge is the increasing requests for collaboration, assistance, and mentoring that we are receiving from people outside the Center. As our fame has increased, so have these requests. The challenge is how to balance satisfying at least some of these demands with the primary responsibility of Center leadership, which is to provide an environment (tangible and intangible) in which Center research team leaders can advance the science and practice of health services, by leading their own research teams, and collaborating on other Center researchers' teams. If our team leaders devote too much time to collaborating with people outside the Center, then when our Center faculty need their expertise they will be unavailable. We strive to ensure that our team-leader group contains the disciplines required for top-notch multi-disciplinary health services research. To give an example, if our health economists spend all

their time as coinvestigators on the projects of non-Center researchers, where will the Center's team leaders find the health economics expertise and collaboration they need for their projects? Additionally, too much consultation and assistance will deflect our team leaders from their primary goals, which in turn might undermine their professional achievements and satisfaction as well as the financial footing of the Center. We are also concerned about maintaining the historically strong internal cohesiveness among Center staff, which has been one of the reasons morale has been high.

The final major challenge is to ensure that interested researchers in our Center be given the opportunity to learn the ins and outs of leading large health services research units. We have had the privilege of learning by trial and error, and because of the quality of people who joined this Center as well as a myriad of other reasons (luck included), the Center has flourished over the past decade. Our Center could be a terrific training ground for leaders of the future. The number of health services research units is growing, inside as well as outside VA, and the pool of available leaders is at this point insufficient for the needs. Also, sometime during the Center's second ten years, a new leader will be required to take the Center's helm. The two of us have devoted ourselves to this Center over the past ten years, and together we have invested 20 person years (and lots of unmeasurables) in it. As the reader might imagine, we will be very anxious that the new Center director has the leadership training and expertise to take the Center forward and upward.

Conclusion

We owe unmeasurable debts of gratitude to so many people outside and inside the Center. The success of the Center has been due to the efforts of many, many people over these past ten years, and there is not space enough here to list everyone. Their names can be found on the publications and internal reports of the Center over the years. The two of us say a public "Thank you" to all the people who have made the Center what it is today, and at the same time have been our cherished colleagues and coworkers.

Research

New Research Grants

Project Title: Racial and Ethnic Variation in the Medical Interaction

Role: Carol M. Ashton, MD, MPH, P.I.; Project leaders are: Drs. Kimberly Wristers, Howard Gordon, Maria Suarez-Almazor, Tracie Collins, Paul Haidet, and Debora Paterniti

Funding Agency: Agency for Healthcare Research and Quality and the Office for Research on Minority Health, NIH

Description: The researchers will assess the extent to which problems in doctor-patient communication contribute to racial and ethnic disparities in health care use. Six projects and three core themes will be used to achieve four major objectives: improving our understanding of the etiologies of disparities, identifying interventions that can reduce disparities, disseminating information to patients, communities and health care providers, and building capacity for future minority health services research. The 5-year program is part of AHRQ's EXCEED (Excellence Centers to Eliminate Ethnic/Racial Disparities) initiative.

Project Title: Associate Investigator Award

Role: Lynn Snow, PhD, Principal Investigator

Funding Agency: Veterans Affairs Health Services Research & Development (HSR&D), Associate Investigator Program

Type: Mentored Career Award (7/00 - 6/02)

Description: This mentored award provides 100% salary support to allow for professional development of the P.I. as a mental health services researcher. Carol Ashton MD, MPH, serves as primary mentor for this award. Mark E. Kunik MD, MPH, serves as secondary mentor, providing specialized guidance in mental health services research. The award is associated with a career development plan emphasizing participation in ongoing health services research projects, seminars, and workshops.

Project Title: Center for Gastrointestinal Development, Infection, and Injury

Role: Mary Estes, PhD, PI; Linda Rabeneck, MD, MPH, Co-Investigator and Director, Clinical Core; Julie Soucek PhD, Biostatistician, Clinical Core

Funding Agency: NIH

Type: Grant #1 P30 DK56338 (12/1/00 - 11/30/05)

Description: The major goals of this new program are to establish a new Digestive Diseases Center (DDC) that serves the basic and clinical scientists at institutions within the Texas Medical Center (Baylor College of Medicine, The University of Texas Health Science Center at Houston) and the University of Texas Medical Branch at Galveston. The DDC consists of four Basic Science Cores (Morphology, Cell and Molecular Biology, Gastrointestinal Immunology, Integrative Biology) and one Clinical Core (Study Design and Clinical Specimen).

Project Title: Medicare HMO Enrollment and VA Use by Minority and Low Income Veterans

Role: Robert Morgan PhD, PI; Laura Petersen MD, MPH., Margaret Byrne PhD, Debora Paterniti, PhD, Co-PI

Funding Agency: HSR&D

Type: Investigator-Initiated Research (IIR) #20-052 (2000-2003)

Description: Changes implemented under the Balanced Budget Act (BBA) may significantly impact the availability of Medicare HMOs, particularly for low income and minority individuals. It is unclear how these changes will affect use of VA services by HMO enrolled veterans. The purpose of this study is to provide information about factors affecting use and non-use of VA services by VA-eligible HMO enrolled veterans and to aid in estimating how changes in Medicare policy will impact VA use. At the individual level, we will examine how predisposing characteristics, enabling characteristics, and need affect access to and use of medical care by Medicare FFS and HMO enrolled elderly White, Black, and Hispanic veterans. At the health systems level, we will examine the availability of HMO plans and services to elderly White, Black, and Hispanic Medicare-eligible VA users, and how system and individual demographic characteristics are related to plan selection and use of VA services.

Research

Project Title: Development of a Pain Assessment Instrument for Use with Severely Demented Individuals

Role: Lynn Snow, PhD, PI (40%)

Funding Agency: MIRECC

Type: Pilot Study Research Grant (9/00 - 9/01)

Description: The major goal of this project is to develop a behavioral pain assessment instrument by convening a panel of clinical and research experts in dementia and experts in measurement. The project will also collect preliminary psychometric and feasibility data on the instrument, and re-convene the expert panel to modify the instrument based on these data.



Mark Kunik, MD, MPH

Project Title: Conceptual Model of Disruptive Behavior: A Qualitative Approach

Role: Mark E. Kunik MD, MPH, PI; Emily Lees PhD, MPH, Lynn Snow PhD, Cornelia Beck PhD, Marisue Cody PhD, Carla Gene Rapp, PhD, Collaborators

Funding Agency: MIRECC; Baylor College of Medicine, Department of Psychiatry

Type: Pilot Study Research Grant (10/01/00 - 9/30/01)

Description: Disruptive behaviors occur in approximately 80% of both community-based and nursing home patients with dementia. Disruptive behaviors such as hitting, kicking, pushing, scratching, cursing, wandering, and psychomotor agitation place patients and their caregivers at physical and psychological risk. These behaviors are commonly lumped together under the term “agitation” with little regard to causation and are often treated with physical and chemical restraints. A great need exists for a comprehensive conceptual model of the determinants of disruptive behaviors in patients with dementia. Such a model should also be able to guide interventions. Finally, it should be useful and understandable to those who are most likely to encounter disruptive behaviors, nursing home clinicians and care providers. This project uses qualitative methods to elicit input from multiple perspectives (physicians, physician assistants and nurse practitioners, nurses, nurse’s aides, persons with behavioral disturbances, and family mem-

bers of persons with behavioral disturbances) to develop a conceptual model examining the determinants of disruptive behaviors.

Just Published...

Morgan R.O., Virnig B.A., DeVito C.A., & Persily N.A. (2000) Medicare HMO disenrollment and selective use of medical care: Osteoarthritis related joint replacement. *American Journal of Managed Care*, 6(8):917-24.

Abstract: We examined total hip arthroplasty (THA) and osteoarthritis related knee replacements (OKR) related admissions for Medicare HMO disenrollees and continuously enrolled fee-for-service (FFS) beneficiaries in order to determine if Medicare beneficiaries are returning to the FFS system to receive quality of life enhancing elective care. Annualized adjusted rates of both THA and OKR were three and a half to four times higher among Medicare HMO disenrollees than among FFS beneficiaries with substantially smaller differences in rates for HRF, and no differences for AMI. There were no differences between HMO disenrollees and FFS enrollees in their levels of comorbidity at the time of admission. These data provide indirect evidence that Medicare HMOs in South Florida are rationing THAs and OKRs, and that beneficiaries respond by returning to the FFS system to seek care. This apparent rationing raises questions regarding the management of serious, but non-emergent, medical conditions within the Medicare system.

Huffman J.C., Kunik M.E. Assessment and understanding of pain in patients with dementia. *The Gerontologist*, 40:574-81.

Abstract: This article reviews the literature on pain in dementia patients. It includes a summary of methods created to assess pain in demented elderly and an examination of studies using such methods. In addition, this paper discusses literature theorizing a decrease in affective pain in this population; it does not extensively discuss management of pain in such patients. Research reveals three major findings: (1) a moderate decrease in pain in cognitively impaired elderly, (2) communicative dementia patients’ reports of pain tend to be just as valid as cognitively intact patients, and (3) assessment scales developed thus far for non-communicative patients require improvement in accuracy and facility. Many questions about pain in dementia patients remain, and the continued development of valid pain assessment techniques is a necessity. Dr. Lynn Snow and colleagues at our Center are developing such instruments.

Research

In Press

Griffiths R.I., [Rabeneck L.](#), Guzman G., Cromwell D.M., Strauss M.J., Robinson J.W., Winston B., Li T., Graham D.Y. Costs of managing *H. pylori*-infected ulcer patients after initial therapy. *Helicobacter*.

Abstract: This research is a decision analysis model that investigates the outcomes and costs of alternative approaches to managing patients previously treated for peptic ulcer disease and *H. pylori* infection. The results indicate that the optimal approach to managing these patients depends on symptom status following initial therapy. For symptomatic patients, the preferred approach is to prescribe a repeat course of antisecretory and antimicrobial therapy. For patients with symptoms following initial therapy, a urea breath test is the preferred approach because it is associated with a threefold lower risk of symptomatic ulcers at one year, although it results in an additional cost of \$110 per patient, compared with observation.

Justice A.C., Chang C.H., [Rabeneck L.](#), Zackin R. Clinical importance of provider-reported HIV symptoms compared to patient-reported. *Medical Care*.

Abstract: Although the patient experiences the symptoms, only symptoms which providers recognize and report “count” in most clinical and research settings. Reliance upon provider-report has been justified by the claim that providers report only “clinically important” symptoms. The objective of this study was to determine whether provider-reported symptoms constitute a more clinically important subset of patient-reported symptoms in HIV infection. This was a secondary analysis of AIDS Clinical Trial 175, a randomized controlled trial of combination antiviral therapy among 1262 patients with moderate HIV disease. The results showed that, on average, providers reported 3-fold fewer symptoms than patients, but the degree of under reporting varied by symptom. Patient-reported symptoms were strongly associated with health-related quality of life. Patient-reported symptoms were most strongly associated with survival and more strongly associated with recent hospitalization than provider-reported. Patient-reported symptoms were also independently associated with survival and recent hospitalization after adjustment for CD4 cell count and HIV viral load. In conclusion, provider-reported symptoms are not a more clinically important subset of patient-reported symptoms.

Kim H.F., [Kunik M.E.](#), Molinari V., Hillman S.L., Lalani S., Orenge C.A., [Petersen N.J.](#), Nahas Z., Goodnight-White S. Functional impairment in COPD patients: The impact of anxiety and depression. *Psychosomatics*.

Abstract: This study examines older chronic obstructive pulmonary disease (COPD) patients for the relationship of anxiety/depression with functional status, and the relationship of anxiety/depression with utilization of health care resources. Forty-three elderly male veterans with COPD completed anxiety, depression, and functional status measures. Regression models were constructed to explore the contribution of COPD severity, medical burden, depression, and anxiety to the dependent variables of functional impairment and health care utilization. Anxiety and depression together contributed significantly to the overall variance in functional status of COPD patients, above and beyond medical burden and COPD severity. Few patients were receiving any treatment for anxiety or depression. This study had small numbers, and its cross-sectional design limited cause/effect determination. However, the findings that anxiety and depression are associated with health-related quality of life served as a catalyst in our exploration of appropriate interventions to treat anxiety and depression in COPD patients.

[Kunik M.E.](#), [Braun U.](#), Stanley M.A., [Wristers K.](#), Molinari V., Stoebner D., Orenge C.A. One session cognitive behavioral therapy for elderly patients with COPD. *Psychological Medicine*.

Abstract: Twenty to forty percent of patients with chronic obstructive pulmonary disease (COPD) have high levels of anxiety and depression that affect their quality of life. Fifty-six subjects were recruited for a randomized controlled clinical intervention of Cognitive Behavioral Therapy (CBT). In this pilot study, one two-hour session of group CBT was designed to reduce symptoms of anxiety, with specific components including relaxation training, cognitive interventions, and graduated practice, followed by homework and weekly calls for six weeks. This was compared to a group that received two hours of COPD education, followed by weekly calls. When compared to the group that received education about COPD, the two-hour CBT group showed decreased depression and anxiety, but no change in quality of life. We plan to expand CBT to eight sessions to examine its effect on disease specific quality of life in anxious and/or depressed COPD patients.

HCQCUS Celebrates 10 Years of Excellence

The Houston Center for Quality of Care & Utilization Studies celebrated its Ten Year Birthday Celebration with a bash!

During the month of October, the Center held a family celebration, presented at VA and Baylor Grand Rounds, and welcomed the Center's National Advisory Board.

The Celebration began on October 1, 2000, at the Buckhorn Ranch in northwest Houston, where Center staff, family members, and friends enjoyed barbecue, music, hay rides, swimming, volleyball, and a train ride. The adventurous ones, children and adults alike, could spot an alligator in the lake!

After welcoming remarks by Dr. Carol M. Ashton, Director of the Houston Center of Excellence, Dr. Nelda P. Wray, Director of the Center from 1990 until 1998 and now Chief of the Section of Health Services Research at Baylor College of Medicine, announced the Employee of the Millennium, Decade, and Year Awards. Nancy J. Petersen, Ph.D., Assistant Director of Statistical Analysis and Data Processing, who has been with the Center since its inception, received the Employee of the Millennium Award. Her primary research activities focus on the application of statistical techniques for monitoring the performance of medical care providers. Dr. Petersen serves as research coordinator for the Health Policy Research Institute, a branch of the Houston HSR&D Center. Dr. Petersen attributes the Center's many accomplishments over the past ten years to the dedication and commitment of Drs. Ashton and Wray. She stated that their hard work and vision of what a health services unit should be have been in-



Awardees attending dinner at La Colombe d'Or, on Wednesday, October 18, 2000. (Photo/Alan Stolz)

strumental in the Center's success. Matt D. Price, M.S. and Joyce A. McDaniel received the Employee of the Decade Awards. Matt is the Executive Director of the Health Policy Research Institute and Strategic Planning, and is known around the Center for his talent in designing on the computer. Joyce McDaniel has been with the Center of Excellence for five years, and is Assistant Director of Finance and Administration. Employee of the Year Awards went to Dr. Laura A. Petersen and Christopher G. Williams. Dr. Petersen spent five years on the faculty at Harvard Medical School and HSR&D in West Roxbury, MA prior to moving to Houston. She has a number of ongoing research projects and grants investigating health care access and health care quality. Dr. Petersen is a VA HSR&D Career Development Awardee. Chris is the computer operations technician and makes sure that everyone's computer is virus-free.

-- Johnnie Woods, MS



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