Research and Development RX

By Stephan D. Fihn, MD, MPH
Acting Chief Research and Development Officer

In July 2004, I was asked by Dr. Jonathan Perlin, the Acting Under Secretary for Health, to assume the leadership of the Office of Research and Development (ORD) as Acting Chief Research and Development Officer. This great privilege came with many challenges. As you know, ORD has been through tumultuous times over the past two years that resulted in a sense of disorganization, reduced service to the field, low staff morale, and a loss of prestige in the VA research program. With your help, my goal is to correct our course and work to move the ORD organization forward.

In concert with the ORD Service Directors, we have enumerated our “Top 10 Action Items.” These represent a set of objectives, some fairly short-term, others very long-term, that we propose to tackle over the next several months. They are:

• Complete ORD reorganization/space plan
• Complete response to OIG report
• Re-engineer peer review process
• Create model for cross-service collaboration
• Reinvent Cooperative Studies Program
• Update laboratory facilities
• Enhance career development
• Improve support for the field
• Enhance system-wide collaborations
• Develop strategy/infrastructure for IT

Needless to say, most of the issues will take considerable time to address but it is our intent to begin working on all of them and start to make progress. Some of these are of more interest to the HSR&D field than others, so I will highlight those of more general field interest here.

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Critical to our future success are the completion of the ORD restructuring and the correction of the leadership gap. We have made significant progress. The split of the Medical Research Service into two new services, the Biomedical Laboratory Research and Development Service and the Clinical Science Research and Development Service (which includes the Cooperative Studies Program) has been completed. The four ORD services and new leadership are as follows:

- **Biomedical Laboratory Research and Development Service (BLR&D)** conducts research that explores basic biological or physiological principles in humans or animals, but does not involve intact human beings. *Timothy O’Leary, MD, PhD*, now leads this service. Dr. O’Leary is an actively funded investigator whose own research interests include molecular changes in gastric tumors, ultra sensitive detection of biological toxins, and mechanisms of formaldehyde fixation.

- **Clinical Science Research and Development Service (CSR&D)** carries out research that focuses on intact human beings, including interventional and effectiveness studies, clinical, epidemiological, and technological studies. (Cooperative Studies Program falls under this service). This service is led by *Brian G. Schuster, MD, FACP*, an active investigator with primary interests in infectious disease and clinical pharmacology.

- **Health Services Research and Development Service (HSR&D)** examines the organization, delivery, and financing of health care, from the perspectives of patients, caregivers, providers, and managers to improve the quality and economy of care. HSR&D also focuses on effective ways to translate clinical knowledge into practice. *Shirley Meehan, MBA, PhD*, is Acting Director.

- **Rehabilitation Research and Development Service (RR&D)** works to restore as much functional independence as possible to impaired and disabled veterans and to improve their quality of life. Rehab R&D is dedicated to the well being of America’s veterans through a full spectrum of research – from approved rehabilitation research projects, through evaluation and technology transfer, to final clinical application. *Mindy Aisen, MD*, a board-certified neurologist with a focus on neurologic disorders such as multiple sclerosis and spinal cord injury, directs this service.

In addition, we are working to ensure adequate staffing in Central Office and building a sense of teamwork and cross-service collaborations.
Peer Review
We are working to re-engineer the peer review process into the creation of a clear, responsive proposal evaluation and funding process that includes a system for adequate reporting, accountability, and documentation of publications and impacts. As part of this effort, we are consulting with the Field Research Advisory Council (FRAC) for input from investigators in the field.

Cross Service Collaborative Research
Again working with the FRAC and the National Advisory Council, we will target areas of strength within each service and build incentives for collaboration. For example, RR&D and HSR&D have a number of collaborative efforts underway, such as a jointly funded Stroke Rehabilitation and Outcomes Research Center and, in the target area of trauma/amputation, an Amputations QUERI Center is under development. Other potential areas for ORD service collaborations include: COPD, dementia, long-term care, cardiac disease, and obesity.

Cooperative Studies Program
We are in the process of reviewing and updating CSP procedures, including those that will ensure CSP studies address priority clinical questions, are expedited in a timely manner, and have greater fiscal accountability.

Enhancing Career Development
Again, with field input we will facilitate the creation of a clear and seamless career development pathway to train and retain talented clinician investigators. We are working to address issues of loan repayment, citizenship, salary structure, and program policies.

Supporting the ORD Field
ORD Central Office and field communications have left a lot to be desired. We are working to remedy this. The Director of Communications vacancy has been filled as Linda Lutes began work in mid-October. In addition to improving basic communications and coordination with the field, we will develop appropriate ACOS/R&D and AO/R&D training as well as expanded assistance to investigators for grant preparation.

Enhancing Opportunities for System-wide Collaboration
We will enhance opportunities for system-wide collaborations by examining possibilities such as creating informal research networks, and creating a VA-wide IRB.

Information Technology
A sound IT infrastructure for scientific management is critical to our success. We are taking steps to establish a process of review of current systems and planning for new and improved systems.

These are exciting and challenging times for ORD. With the unwavering support of the Secretary, the Honorable Mr. Principi; the acting Under Secretary for Health, Dr. Perlin; and the Acting Deputy Under Secretary, Dr. Kussman, appropriate input from all parts of ORD, and with interest and support for collaborations from other VA and non-VA constituents, we will continue our tradition as a world-class research enterprise. I look forward to working with all of you toward this goal.

HSR&D Appoints New Associate Director
Joseph Francis, MD, is the newly appointed Associate Director for Health Services Research and Development (HSR&D). He is responsible for the overall administration and coordination of implementation activities, as well as the Quality Enhancement Research Initiative (QUERI). Dr. Francis is board-certified in internal medicine, geriatrics, and medical management. He was a clinical manager in VISN 9 before serving as vice president for Data Management and Quality at St. Vincent’s Hospital in Indianapolis for the past four years.

Dr. Francis is delighted to return to the VA, which he believes is the ideal laboratory for the implementation of research findings due to its “commitment to clinical excellence and its unparalleled information
infrastructure.” He is particularly excited about the QUERI program because he believes “that health services research needs to be integrated into clinical practice. QUERI isn’t just about educating and sharing knowledge, it’s about partnering to bring about real change.” Dr. Francis will visit all of the QUERI Coordinating Centers to share and gather information on a broad range of issues, including his vision for the future of QUERI. He would like to see QUERI “so embedded into VAs organizational framework that clinical care is routinely — and seamlessly — based on evidence-based practice.” He also envisions QUERI tools being applied to broader areas. For example, in addition to patient and disease concerns, QUERI principles could be extended to organizational issues.

One of QUERI’s latest achievements is the completion of the new “Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research.” The QUERI Guide was written for anyone interested in the implementation of research or evidence into clinical practice, particularly within the VA Health Care System. Based on lessons from more than six years of QUERI experience, the Guide includes information on: theory and methods for integrating theory into practice; specific QUERI research, including lessons learned; and resources for implementing research into practice, including several web resources. To access the Guide, visit the national QUERI website at [www.hsrd.research.va.gov/queri/](http://www.hsrd.research.va.gov/queri/).

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**State-of-the-Art Conference Focuses on Implementing the Evidence**

The Health Services Research and Development Service recently hosted a state-of-the-art (SOTA) conference on “Implementing the Evidence: Transforming Practices, Systems, and Organizations”. Held in Washington, DC, the goal of this SOTA was to assess and define the current state of knowledge about how to create organizations that can rapidly implement new knowledge into complex, highly technical health care delivery systems to improve the quality of patient care.

VA has taken a leadership role in research and implementation of the best ways to move research into practice effectively and in a timely manner. For example, initiatives aimed at promoting adoption and use of clinical practice guidelines based on the best available evidence have been underway throughout the Veterans Health Administration (VHA) for more than 10 years. Over the past decade, several components of VHA have partnered to foster this process, including the Office of Research and Development, the Office of Quality and Performance, the Office of Patient Care Services, and the Office of Information. Representatives from each of these collaborating entities, as well as VA researchers, non-VA researchers, and policy makers attended the SOTA.

Catarina Kiefe, MD, PhD, Director of the Deep South Center on Effectiveness, Birmingham VA Medical Center, and Anne Sales, PhD, RN, Implementation
Research Coordinator for VA’s Ischemic Heart Disease Quality Enhancement Research Initiative (QUERI), co-chaired the conference. The agenda included work groups and plenary discussions. Highlights included presentations by Acting Under Secretary for Health Jonathan Perlin, MD, PhD, and a keynote address by Kenneth Kizer, MD, MPH, President and Chief Executive Officer of the National Quality Forum in Washington, DC, and former VA Under Secretary for Health.

Most of the SOTA was devoted to work groups comprised of various experts in the field of implementation research. Each work group addressed one of the following questions:

- What are the attributes of an ideal integrated informatics system that supports implementation of evidence?
- How does evidence inform what an organization and its providers do?
- What is the role of incentives in promoting implementation of best practices and organizational change?
- How does research need to be reorganized to foster organizational and practice change?

The work begun at the SOTA conference will continue in the form of product development. Papers commissioned for the conference will be revised based on input from SOTA participants and will be submitted to the Journal of General Internal Medicine for publication.

Epidemiologic Methods Is a Hit at Summer Session

Understanding study design became much easier for students attending the popular Introduction to Epidemiologic Methods taught by Thomas D. Koepsell, MD, MPH, and Noel S. Weiss, MD, DrPH, from the University of Washington. “Fantastic” and “Best class I’ve ever taken” were reactions to this course offered at the 6th Annual Epidemiology, Biostatistics, and Clinical Research Methods Summer Session, held June 21-25, 2004 at the University of Washington Campus in Seattle.

The session was attended by 195 researchers and clinicians from around the United States who came to learn new research methodology, from epidemiologic methods to multilevel data analysis.

The Summer Session is sponsored by the Seattle Epidemiologic Research and Information Center (ERIC), VA’s Clinical Science Research and Development Program, the VA Employee Education System, and the University of Washington Departments of Epidemiology and Biostatistics. The 2005 Summer Session will be held from June 20-24, 2005. For information about the courses now available for distance/cyber learning through the Employee Education System, visit the Seattle ERIC web site at www.eric.seattle.med.va.gov/education/seattle_eric_cyber.htm

Research Solicitation: Deployment Health Services Research

In July, HSR&D announced a new solicitation to support research focused on deployment health care needs and services. A deployment health care need is defined as a person’s health concern about an event or activity related to duty in the nation’s armed forces that involves a military operation, location, command, or exposure to combat or other hazardous environments. Deployment health care needs may also apply to individuals who were not deployed (e.g., family members or informal caregivers), but have health concerns that relate to a veteran’s deployment. Three major categories related to deployment health have been identified as priorities: 1) Health delivery system organization resources, structures, and processes of utilization of a continuum of health services;
2) Population characteristics; and 3) Health and satisfaction outcomes. The results of this research program will support the delivery of high-quality, evidence-based, cost-effective health care for veterans of all deployments, and those actively serving in the armed forces.

For more information on this and other HSR&D solicitations, visit the HSR&D web site at www.hsrd.research.va.gov/for_researchers/funding/solicitations/.

New Centers of Excellence

In June, HSR&D announced funding for three new Centers of Excellence (COE), two focused on implementation and one focused on organization and management research. These new centers join the 13 existing COEs, representing the diversity and breadth of HSR&D research. Each COE develops its own research agenda, is affiliated with a VA Medical Center, and collaborates with local schools of public health and universities to carry out its mission. The research at each COE serves to energize the facility and network with which it is affiliated, and provides a constant source of innovation, creativity, and support. In addition, COEs house HSR&D’s Career Development and Career Scientist awardees and provide fertile ground for other mentoring programs.

Following is a brief description of the newest Centers of Excellence. For more information about HSR&D’s COE program, visit our web site at www.hsrd.research.va.gov/about/centers/centers_of_excellence.cfm.

Center for Research in the Implementation of Innovative Strategies in Practice (CRIISP)
Gary E. Rosenthal, MD, Director
Iowa City VAMC

The mission of CRIISP is to conduct innovative research that advances understanding of strategies for incorporating knowledge into practice and that improves veterans’ well being. Research conducted by CRIISP will be part of an integrated program to: 1) advance understanding of fundamental barriers and facilitators to the adoption of evidence-based practices; and 2) apply this understanding to develop, test, and disseminate novel interventions to improve quality and lower costs in a variety of practice settings. The research will be driven by a conceptual model for introducing innovation into environments with complex organizational and social structures that explicitly recognizes the importance of patient activation in the implementation and adoption of new practices by clinicians. Work undertaken by CRIISP will be designed by interdisciplinary teams, incorporate a spectrum of quantitative and qualitative methods, and emphasize conditions for which there is both evidence to achieve a national consensus regarding best practices and clearly demonstrated gaps between evidence and practice.

Center of Excellence on Implementing Evidence-Based Practice
Bradley N. Doebbeling, MD, MSc, Director
Roudebush VAMC, Indianapolis

The mission of this Center is to improve healthcare provided to veterans through discovery, evaluation, implementation, and sustained adoption of evidence-based best practices in the VA and the broader national health care system. Strategic goals include: (1) generating new knowledge about best practices through clinical and organizational research; (2) identifying organizational, environmental, and provider-based aspects of health systems that influence adoption of these best practices; (3) designing and testing health system interventions to support, expand, and sustain the implementation of evidence-based practice; (4) making maximal use of research evidence in routine care; and (5) facilitating the use of research in the dissemination of best practices.
Center for Organization, Leadership, and Management Research (COLMR)
Martin P. Charns, DBA, Director
VA Boston Healthcare System

COLMR's mission is to develop and apply knowledge of innovative management practices to improve the effectiveness and efficiency of health care services. This mission has two interrelated research themes: 1) management practices that result in higher quality, lower costs, and greater access to health care services, and 2) management practices that promote successful organizational change for long-term performance improvement. Within its two research themes, COLMR will have three research foci: 1) management practices that result in higher quality of care, 2) management practices that promote successful organizational change, especially change to implement evidence-based clinical practices, and 3) development of leadership in health care organizations.

New Resource Center

HSR&D has announced funding for its newest Resource Center, the Center for Information Dissemination and Education Resources (CIDER). CIDER joins the 3 existing Resource Centers (HERC, VIREC, and METRIC) which each target a specialized area, such as health economics, informatics, and measurement. Following is a brief description of CIDER's focus and activities. For more information on HSR&D's Resource Centers, please visit our web site at: www.hsrd.research.va.gov/about/centers/resource_centers.cfm.

Center for Information Dissemination and Education Resources (CIDER)
Geraldine McGlynn, MEd, Director
VA Boston Healthcare System

With a focus on dissemination and education, CIDER will track, develop, and disseminate important information about HSR&D activities to a number of audiences, including Congress, VA policy-makers, managers, clinicians, and researchers. CIDER will utilize numerous dissemination modes including print and electronic products, meetings, conferences, lectures, and HSR&D’s web site to provide access to research studies, findings, and HSR&D program information. CIDER will also provide general information, guidance, and referrals to HSR&D Centers of Excellence and field investigators regarding dissemination activities, and will be responsible for coordinating with other HSR&D Resource Centers in the development and implementation of cyber seminars on new research methods and other educational programs for HSR&D researchers.

Targeted Research Enhancement Program

The Targeted Research Enhancement Program (TREP) assists VA sites affiliated with an academic institution having significant non-VA federal health services research funding (e.g. NIH, AHRQ), but which do not currently have significant VA HSR&D activity. The primary goal of the program is the development of VA HSR capacity, by building on the success of VA's university affiliates. Funds are provided for the creation of a core program of investigators, statisticians, economists, and other social scientists to support and facilitate the development of HSR&D research projects and career development.

HSR&D has recently funded 3 new TREP sites, described below.

Understanding Racial and Ethnic Variations in Health Outcomes for Chronic Diseases
Leonard Egede, MD, MS, Director
Ralph H. Johnson VAMC, Charleston, SC

In collaboration with its academic affiliate, the Medical University of South Carolina, this site will
advance knowledge on racial and ethnic variations in care by focusing on two patient level factors, patient trust and patient preferences for care. Investigators will collect clinical data prospectively and use a behavioral model of health services utilization and outcomes to evaluate the incremental effect of these patient level factors on racial and ethnic disparities in health outcomes for chronic medical conditions highly prevalent in the veteran population. Initial efforts will focus on three major chronic conditions: diabetes, hypertension, and osteoarthritis of the knee.

Program to Integrate Psychosocial and Health Services in Chronic Disease and Disability

Peter D. Friedmann, MD, MPH, Director
Providence VAMC, Providence, RI

This site will develop, implement, and evaluate multidisciplinary interventions and integrated service delivery systems to address the effects of psychosocial and behavioral factors on chronic disease and disability, in collaboration with Brown Medical School, its academic affiliate. Initial pilot projects are designed to build health services research infrastructure in primary care firms/community-based outpatient clinics and the rehabilitation program affiliated with the Providence VAMC (and eventually VISN-wide), and to bring together multidisciplinary faculty at Brown and Providence VAMC to mentor junior investigators.

Atlanta VAMC Targeted Research Enhancement Program

Theresa W. Gillespie, PhD, Director
Atlanta VAMC

This site will develop, implement, and evaluate programmatic initiatives toward development of a nationally-recognized program in health services research, with projects addressing priority issues in oncology, geriatrics, and health literacy under the unifying theme of clinical effectiveness evaluation. Projects at this site will help to foster strong collaborations with Emory University, its academic affiliate.

For more information about TREP, contact Susan Schiffner, RN, BSM, CCM, at susan.schiffner@va.gov. For descriptions of all funded TREP sites, please visit HSR&D’s web site at www.hsrd.research.va.gov/about/centers/trep.cfm

New Career Development Awardees

HSR&D Career Development Awards provide VA clinician researchers with full salary support to enable them to pursue health services research training and experience – with minimal clinical responsibilities – under the guidance of an experienced mentor. Following are the most recent awardees, their locations, and areas of research interest to be pursued through their award. For more information on this program, visit the HSR&D web site at www.hsrd.research.va.gov/for_researchers/professional_development/.

Joseph Agostini, MD
West Haven VAMC
Net Benefits vs. Harm of Total Medication Use in Older Veterans

Sherrie L. Aspinall, PharmD
VA Pittsburgh Healthcare System
Antibiotic Prescribing in Veterans with Acute Respiratory Infections

HSR&D’s 2005 National Meeting is scheduled for February 16-18, 2005 in Washington, DC. This year’s theme is “Improving Care for Veterans with Chronic Illnesses.” The meeting will be hosted by the Houston Center for Quality of Care and Utilization Studies. For more information, visit the meeting web site at www.hsrd.research.va.gov/about/national_meeting/2005/.
Bevanne Bean-Mayberry, MD, MHS  
VA Pittsburgh Healthcare System  
Assessment of Preventative and Chronic Disease Measures in Women Veterans

Christopher Bryson, MD, MS  
VA Puget Sound Health Care System  
Medication Adherence and Cardiovascular Risk Reduction

Lisa Chew, MD, MPH  
VA Puget Sound Health Care System  
Health Literacy and Outcomes Among VA Patients with Diabetes

Mark J. Edlund, MD, PhD  
Central Arkansas Veterans Healthcare System  
Overcoming Barriers to Mental Health Treatment Adherence

Stephen D. Flach, MD, PhD  
Iowa City VAMC  
Time, Stress, and Quality of Care: An Economic Analysis

Shawn Fultz, MD, MPH  
West Haven VAMC  
Mediators of Hepatic Injury in HIV Infected Veterans

Peter W. Groeneveld, MD, MSc  
Philadelphia VAMC  
Technology Diffusion in VHA: Efficacy, Equity, and Cost-effectiveness

William C. Holmes, MD, MSCE  
Philadelphia VAMC  
Testing MST and HIV-Specific Quality of Life Assessment Methods for VHA

Peter J. Kaboli, MD  
Iowa City VAMC  
Improving Medication Prescribing, Delivery, and Effectiveness in Veterans

Stacey Kovac, PhD  
Durham VAMC  
NSAID Patient Safety: Integrating Behavioral and Improvement Science

Catherine MacLean, MD, PhD  
VA Greater Los Angeles Healthcare System  
Consumer Quality Assessment of Osteoporosis

Sandra Moody-Ayers, MD  
San Francisco VAMC  
Health and Mortality Outcomes Across Race and Gradients of Socioeconomic Status

Karen Seal, MD, MPH  
San Francisco VAMC  
Overcoming Barriers to Hepatitis C Treatment Among High-Risk Veterans

Brenda E. Sirovich, MD, MS  
White River Junction VAM&ROC  
Primary Care Office Visits: Inside the Black Box

Brennan Spiegel, MD  
VA Greater Los Angeles Healthcare System  
Impact of a Model Physician-Patient Relationship in Irritable Bowel Syndrome

Michael A. Steinman, MD  
San Francisco VAMC  
Understanding and Improving Antibiotic Prescribing in VA

New Research Career Scientist Awardee

HSR&D Research Career Scientist awards are for established, non-clinician, independent investigators and initially provide up to five years of funding. Career Scientists at this level must have a minimum of six years of independent research support (VA or other), and must have current VA/HSR&D project support. Below is the most recent career Scientist Awardee. For more information on this program, visit the HSR&D web site at www.hsrd.research.va.gov/for_researchers/professional_development/.

Keith N. Humphreys, PhD  
VA Palo Alto Health Care System  
Patterns of Service Use Associated with Substance Abuse Treatment
New Merit Review Entry Program Awardees

HSR&D Merit Review Entry Program awards are intended to provide beginning doctoral-level non-clinicians (no more than 5 years beyond receipt of their PhD or last research training or fellowship) interested in health services research with an opportunity for a period of concentrated mentoring and research activities. The awards provide three years of research support designed to prepare awardees to enter the more competitive VA HSR&D Merit Review Program. Following are the most recent awardees, their locations, and areas of research interest to be pursued through their award. For more information on this program, visit the HSR&D web site at www.hsrd.research.va.gov/for_researchers/professional_development/.

Dean Blevins, PhD  
Central Arkansas Veterans Healthcare System  
Improving End-of-Life Care for Veterans in Skilled Nursing Facilities

Mayur M. Desai, PhD, MPH  
West Haven VAMC  
Quality of Care for Chronic Medical Conditions in Mentally Ill Veterans

Aram Dobalian, PhD, MPH, JD  
VA Greater Los Angeles Health Care System  
Advance Directives and Resource Use in VA Nursing Homes

Kelli L. Dominick, PhD  
Durham VAMC  
Self-Management for Osteoarthritis: A Tailored, Telephone-Based Intervention

Erik J. Groessel, PhD  
VA San Diego Healthcare System  
A Self-Management Intervention for Veterans with Hepatitis C

John F. McCarthy, PhD, MPH  
VA Ann Arbor Healthcare System  
Health Services Needs of Aging Veterans with Schizophrenia

John D. McKellar, PhD  
VA Palo Alto Health Care System  
Improving Substance Use Disorder Outcomes with Telephone Monitoring

Dylan M. Smith, PhD  
VA Ann Arbor Healthcare System  
Evaluating Measures of Joint Replacement Outcomes

Corrine I. Voils, PhD  
Durham VAMC  
Self-Management for Hypercholesterolemia: A Spouse-Assisted Intervention

Kenneth R. Weingardt, PhD  
VA Palo Alto Health Care System  
Web-Based Implementation of Clinical Practice Guidelines

Newly Funded Research Projects

For more detail about these and other HSR&D research projects, visit the HSR&D web site at www.hsrd.research.va.gov/research/.

INVESTIGATOR-INITIATED RESEARCH

A Culturally Sensitive Values-Guided Aid for End-of-Life Decision-Making  
Ursula Braun, MD  
Houston VAMC

A Longitudinal Evaluation of the Linkage Between Vignettes and Outcomes  
John W. Peabody, MD  
San Francisco VAMC

A Telehealth Education Program for Caregivers of Veterans with Dementia  
Mollie Shulan, MD  
Albany VAMC
Aging and Family Outcomes in Supportive Care of Advanced Cancer Patients
Julia H. Rose, PhD
Cleveland VAMC

Bioterrorism: Cost-Effectiveness of Medical Responses
Brian Schmitt, MD, MPH
Hines VAMC

Comparing VA Health Disparities to Health Disparities Outside the VA
Kevin Volpp, MD, PhD
Philadelphia VAMC

Determining the Prevalence of Health Literacy Among Veterans
Joan M. Griffin, PhD
Minneapolis VAMC

Economic Effects of Clinical Practice Guidelines
John D. Schneider, PhD
Iowa City VAMC

Effectiveness of a Telecommunications System in Asthma Management
David W. Sparrow, DSc
VA Boston Healthcare System

Epidemiology and Cost of Falls in Veterans with a Spinal Cord Injury
Audrey L. Nelson, PhD, RN
Tampa VAMC

Estimating the Magnitude of Unmeasured Risk in VA Patients
Mary S. Vaughan-Sarrazin, PhD
Iowa City VAMC

Extending Propensity Scores for Observational Studies
David B. Nelson, PhD
Minneapolis VAMC

Family Assessment of Treatment at End-of-Life (FATE) Survey Development
David Casarett, MD
Philadelphia VAMC

Improving Assessment of Patient Preferences in Localized Prostate Cancer
Sara J. Knight, PhD
San Francisco VAMC

Improving Care for Nursing Home Pneumonia in NHCUs and Veterans’ Homes
Evelyn Hutt, MD
Denver VAMC

Measuring Health Outcomes and Care Delivery for Parkinson’s Disease
Barbara G. Vickrey, MD
VA Greater Los Angeles Health Care System

Mesh Repair for Ventral Hernia: Which Rate is Right?
Mary Hawn, MD, MPH
Birmingham VAMC

Meta-Analysis of the Efficacy of Computer-based Feedback Implementations
Charlene R. Weir, RN, PhD
Salt Lake City VAMC

Outcomes Associated with Salmeterol Use in Obstructive Lung Disease
Todd Lee, PharmD
Hines VAMC

Patient-Centered Medication Adherence Intervention for Schizophrenia
Jeffrey M. Pyne, MD
Central Arkansas Veterans Health Care System

Pharmacy Use in Patients with Chronic Heart Failure
Michael Johnson, PhD
Houston VAMC

Physician-Patient Communication in Patients with Chronic Heart Failure
Howard S. Gordon, MD
Houston VAMC

Process and Outcomes of Care for Veterans with Bipolar Disorder
Amy Kilbourne, PhD, MPH
VA Pittsburgh Healthcare System
Quality and Costs of Colon Cancer Care in VA and Medicare
Denise M. Hynes, RN, MPH, PhD
Hines VAMC

Quality of Care Indicators for Veterans with Stroke in Community Nursing Homes
Christopher E. Johnson, PhD
North Florida/South Georgia Veterans Health System

Randomized Trial of Care Management to Improve End of Life Care
Kenneth Rosenfeld, MD, MPH
VA Greater Los Angeles Health Care System

RCT of a Telecommunications System in Sleep Apnea
David W. Sparrow, DSc
VA Boston Healthcare System

Reasons for Disparities in Joint Replacement Utilization
Kent Kwoh, MD
VA Pittsburgh Healthcare System

Research Synthesis for QUERI Quality Improvement/Implementation Research
Brian Mittman, PhD
VA Greater Los Angeles Health Care System

Substance Use Disorder Patients in VA Nursing Homes
Sonne P. Lemke, PhD
VA Palo Alto Health Care System

Testing the Effectiveness of Telephone Support for Dementia Caregivers
Linda O. Nichols, PhD
Memphis VAMC

Translating Infection Prevention Evidence to Enhance Patient Safety
Sarah Krein, PhD, RN
VA Ann Arbor Healthcare System

VA and Indian Health Service (IHS):
Access for American Indian Veterans
Betty Jo Kramer, PhD
VA Greater Los Angeles Health Care System

VA and non-VA Utilization by Veterans with Acute Stroke
Huanguang Jia, PhD, MPH
North Florida/South Georgia Veterans Health System

MANAGEMENT CONSULTATION
Research Recruiting and Retention of Highly Skilled Physicians in VA
Richard G. Best, PhD
South Texas Veterans Health Care System

NURSING RESEARCH INITIATIVE
Effectiveness of Care Coordination in Managing Medically Complex Patients
Bonnie Wakefield, PhD, RN
Iowa City VAMC

Palliative Care Transitions: Factors in Patient Experience and Satisfaction
Katherine Bent, PhD, RN
Denver VAMC

SERVICE-DIRECTED PROJECTS
Expanding and Testing VA Collaborative Care Models for Depression
Lisa Rubenstein, MD, MSPH
VA Greater Los Angeles Health Care System

SERVICE-DIRECTED RESEARCH
Creating HealthyVet Informatics Applications for Collaborative Care
Edmund F. Chaney, PhD
VA Puget Sound Health Care System

Evaluation of Parkinson’s Disease Research, Education and Clinical Centers
Martin P. Charns, DBA
VA Boston Healthcare System

Testing and Validating Changes to the Minimum Data Set for Nursing Homes
Debra Saliba, MD, MPH
VA Greater Los Angeles Health Care System