Center for Health Policy & Center for Primary Care and Outcomes Research

Quarterly Update

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Dr. Doug Owens Receives VA's Highest Honor for Health Science Research

CHP/PCOR core faculty member and Veterans Affairs (VA) Palo Alto investigator **Douglas K. Owens** was the 2007 recipient of the VA's most prestigious national research award—the Under Secretary's Award for Health Science Research.

PHOTO/VETERANS AFFAIRS

DOUGLAS OWENS (right) was presented with the plaque for the 2007 VA national research award by the Acting Under Secretary for Health, Michael J. Kussman (left), at the recent HSR&D meeting in Arlington, VA.

Each year, the award is given to one VA researcher who has demonstrated outstanding achievement in health services research and has made major contributions to improving health care for veterans and the public. The award includes a one-time monetary gift of $5,000 and up to $50,000 in VA research funds for up to three years.

"I've been very fortunate to have had outstanding mentorship and outstanding collaborators throughout my career," Owens said. "The award recognizes research that has been the product of many people, and I owe great thanks to **Alan Garber**, **Rudolf Moos**, **Gillian Sanders**, **Margaret Brandeau**, **Mark Hlatky**, **Kathy McDonald**, **Dena Bravata**, **Michael Gould**, **Vandana Sundaram**, and many others. I've also been able to work with an exceptional group of trainees."

Owens' current projects include developing methods to create guidelines, analyzing cost-effective strategies for preventing sudden cardiac death, and examining HIV prevention and therapy routes.

His research on HIV screening, done

VA Award, continued on page 2

STUDY: Researchers Find Differences in Efficient Versus Equitable HIV Resource Allocation

How to best allocate public health resources is not always clear. Currently, government organizations, including the Centers for Disease Control and Prevention (CDC), distribute funds to 65 large HIV community planning groups that are then assigned the task of distributing money.

This is a multilevel decision process: an upper-level organization such as the CDC distributes funds to lower-level community planning groups, who then allocate funds to specific HIV prevention programs. Allocation of resources differs from one place to another, based on what decision makers think is an "equitable" versus "efficient" distribution of funds.

Enter CHP/PCOR associate **Margaret L. Brandeau** and her colleague Gregory S. Zaric. The two created a model that examines different ways of allocating HIV prevention resources and the consequences of such allocations.

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Dialogues in Health Care: Health Services Researchers Convene at VA Annual Meeting

Researchers from the Veterans Health Administration gather together each year to discuss the latest in health services research and development (HSR&D). This year's national meeting—with the theme and title "Managing Recovery and Health through the Continuum of Care"—was held in Arlington, VA, and drew on the expertise of many CHP/PCOR members to share abstracts and participate in workshops during the 2-day session.

CHP/PCOR core faculty member **Mary K. Goldstein** presented the abstract entitled "Group Medical Visits to Improve Hypertension Chronic Disease Management" at the opening plenary session of the meeting. The presentation described the main findings from the VA Palo Alto Healthcare System study on group medical visits as part of a larger quality improvement project.

"The special funding was set aside that recognized the big improvement gap between what's known as best practice for hypertension and what is actually being done in practice, and then studying methods to diminish the improvement gap," Goldstein explained.

The study was designed in collaboration with Brian Hoffman, formerly at Stanford and now at VA Boston-West Roxbury and Harvard Medical School; Kate Lorig at Stanford University; and CHP/PCOR associate **Ingram Olkin**. Other investigators include James H. Bursick and Catharine B. Fenn at VA Palo Alto.

The aim of the study was to investigate whether group medical visits improved patient self-management of symptoms of hypertension when compared to the control group of patients who saw their primary care provider in a one-on-one setting. Olkin consulted on the study design, which included a staircase design where, in the first step, the investigators recruited a small number of patients to develop a model to use for group visits.

Following a formative evaluation and redesign, the second step consisted of

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PEOPLE OF CHP/PCOR

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Director

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The CHP/PCOR *Quarterly Update* is written and designed by Amber Hsiao, Information Editor & External Relations Coordinator. Comments are welcome at amhsiao@stanford.edu.

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with Sanders and Sundaram, published in the *New England Journal of Medicine*, had a significant influence on the HIV screening recommendations—revised in September 2006—from the Centers for Disease Control and Prevention.

His research on strategies to prevent sudden cardiac death, done with Hlatky and Sanders, examined whether the use of implantable cardioverter defibrillators was a cost-effective treatment and identified which patients would most likely benefit from the technology. Additionally, Owens' contributions to developing methods for guidelines has demonstrated that incorporating patient preferences is important.

These key areas of research—along with numerous others—have distinguished his entire career of work from that of others. Owens has also mentored more than 45 trainees, many of whom are or were housed at CHP/PCOR.

"Not only is Doug a tremendous researcher, but he is a fantastic mentor for budding health services researchers," said Michael Ong, a previous CHP/PCOR trainee. "Doug's door is always open for trainees to drop in, and he always has a sage answer—whether the question is about Markov models or personal life! He is one of the primary reasons why the Fellowship Program in Health Services Research at the VA Palo Alto is one of the top programs in the country."

Owens has also extended his work on HIV screening and treatment to the elderly population. His ongoing research includes systematic reviews, funded by the Agency for Healthcare Research and Quality, quality improvement strategies evaluation to improve care in a number of clinical areas, and reviews of the comparative effectiveness of coronary artery bypass grating and percutaneous interventions for coronary artery disease. These are being conducted in collaboration with McDonald, Bravata, Hlatky, and Sundaram.

Additionally, Owens is one of the four core investigators at the Center for Translation Research in Chronic Viral Infections at the VA Palo Alto Health Care System, a newly VA-funded center.

"The Under Secretary's award is the VA's highest recognition for health services researchers, and Doug amply deserves the honor," expressed CHP/PCOR director and core faculty member **Alan M. Garber**. "He has made fundamental contributions to the development of individualized guidelines for the prevention, detection, and treatment of HIV and for cardiac diseases. He is also a highly effective mentor and teacher, and a recognized leader in the field of medical decision making. We're fortunate to have him as a colleague." §

Resource Allocation, continued from page 1

The model, which was recently published in the journal *Medical Decision Making*, looks at "equitable" versus "efficient" allocations of HIV prevention funds at different levels of decision making.

"There are two main difficulties in HIV resource allocation," Zaric said. "First, there are many social and political factors that must be taken into account when making HIV resource allocation decisions. Sometimes these can push in the direction of allocations that are seen to be equitable but are not optimal from a health-benefits perspective. The second is technical, in that resource allocation problems are very difficult to mathematically formulate and solve. Even if they can be formulated, there may still be a lot of uncertainty about parameter values."

"Equitable" allocation of funds is proportionate in that it looks at the number of HIV cases in one region versus another. If one region has twice the number of HIV cases compared to another, then that region would get twice the amount of funding under an "equitable" allocation rule.

On the other hand, "efficient" allocation of funds depends on how effectively money is being used in the region and determines which allocation would have the greatest effect on HIV incidence; in other words, the money is put toward programs that most effectively avert future cases of HIV.

"We've been thinking for a while about allocation of HIV prevention resources. That's a huge problem," Brandeau said. "I think that the way people allocate resources often is for equity reasons. They say, 'Well, you can't ignore this socioeconomic group, and you can't ignore this high-risk population.' There's a lot of merit in that, so there's this kind of pull between equity and efficiency."

Brandeau and Zaric collected data for HIV prevention programs in 38 states, in addition to Puerto Rico and Washington, DC, that identified high-risk groups, the overall population, HIV prevalence, and HIV incidence on an aggregate level. Three key risk groups were identified: injection drug users, men who have sex with men, and heterosexuals.

"We still have 40,000 new cases of HIV in the United States every year, and sure, that's very small compared to sub-Saharan Africa, but it is still too much." —Margaret L. Brandeau

Basing the estimates on the total annual budget by the CDC for HIV prevention—approximately $412 million—they looked at different combinations of how one might allocate at an upper level (e.g. the CDC) versus a lower level (e.g. local decision makers), and how the four possible combinations of upper-to-lower level allocation might affect the number of HIV cases averted in the future.

The greatest health benefit was found to be achieved when funds were allocated efficiently at both levels.

"You want to maximize HIV infections averted, so from a health perspective, that would be the best thing to do," Brandeau explained.

The next best scenario—5 percent less effective compared to the best case scenario—was to allocate equitably at the upper level and efficiently at the lower level. Fifteen percent less effective was efficient allocation at the upper level and equitable at the lower level. Finally, allocating equitably at both levels was 25 percent less effective than the best case.

"If you had to do one thing, what you really want to do is allocate equitably at the higher level but encourage people to allocate efficiently at the lower level," Brandeau said. "The second point is that even if you only had efficient allocation at one level, that's good. That was one of our policy conclusions—that if you had to pick efficient allocation at one level, it's better to allocate efficiently at the lower level."

However, efficient allocation may not always be possible, since the reality is that people do allocate based on equity considerations, according to Brandeau.

"I think people would jump up and down if you said, 'Well, the injection drug users are really causing the epidemic so we're not going to pay attention to anyone else," she said. "If that were the case, I'm not sure that would be so socially palatable; that was one of our main considerations."

Changing current resource allocation practices is a slow process, but the investigators are hoping for incremental change. Brandeau points to organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Global Fund requires that those seeking funds for HIV prevention programs develop a detailed plan that explains how the money will be used.

Brandeau suggests that incentives could be built in to the current allocation system that would require groups to come up with proposals that are evaluated for effectiveness before funds are distributed, especially because there is wide variation in how funds are used.

"You might have your gay men's coalition who is educating people; you might have your needle exchange van that goes around your city; you might have your 'let's educate high-risk teenagers about sexual contact' group, and you might have a methadone program," Brandeau said. "It would be very specific programs with very specific groups that you might target. Then you have to decide between the different types of programs. In practice, you'd be looking at a bunch of different groups and how much to give to each one."

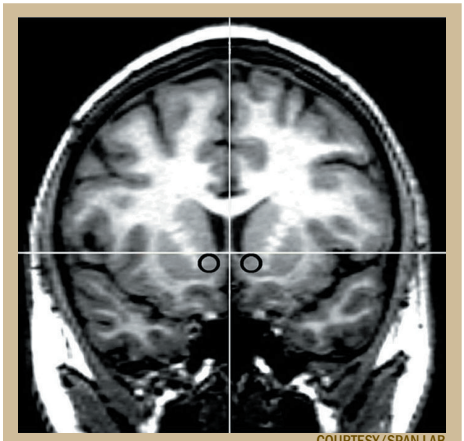
Because public health decision making

Resource Allocation, continued on page 14

Choices to be Made: Can Purchasing Behavior be Predicted by Specific Activities in the Brain?

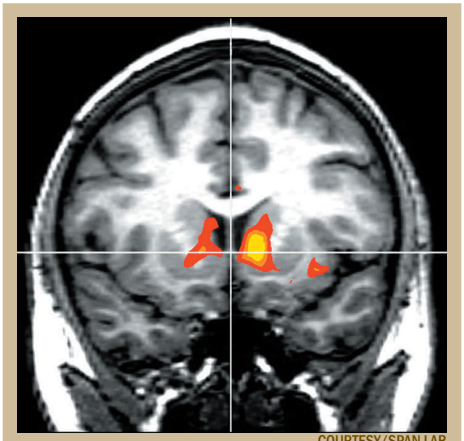
Up until now, researchers have not been able to examine the brain using clear temporal resolutions in determining how financial decisions are made. The Symbiotic Project on Affective Neuroscience (SPAN) lab in the department of psychology at Stanford University is leading the effort to assess such decisions.

Economic theories and models are often used to predict how consumer choices and preferences play out in the market. Some models assume that individuals have an unlimited memory and attention span, and thus have the ability to weigh all options to make a rational, informed choice.



COURTESY/SPAN LAB

The NUCLEUS ACCUMBENS (circled), the brain region implicated in anticipation of rewards.



COURTESY/SPAN LAB

Products that were preferred increased activation in the nucleus accumbens.

However, the findings of behavioral decision-making research suggest that an individual's own intuition often serves as more of a guide than economic models would predict.

CHP/PCOR associate **Brian Knutson**, a professor in the Stanford University psychology department, is one of the authors of a recently published piece in the journal *Neuron*, entitled "Neural Predictors of Purchases," that attempts to analyze financial decision making by examining purchasing behavior.

The pilot study—funded partially by a CHP/PCOR Center on Advanced Decision Making in Aging (CADMA) seed grant—is the first ever to use functional magnetic resonance imaging (fMRI) technology to examine how brain activity might predict buying behavior.

"There are all kinds of interesting questions one can ask about financial decisions," Knutson explained. "Does emotion play a role in these decisions, and if so, how?"

Using fMRIs, Knutson and colleagues investigated how preference and price influence purchasing decisions.

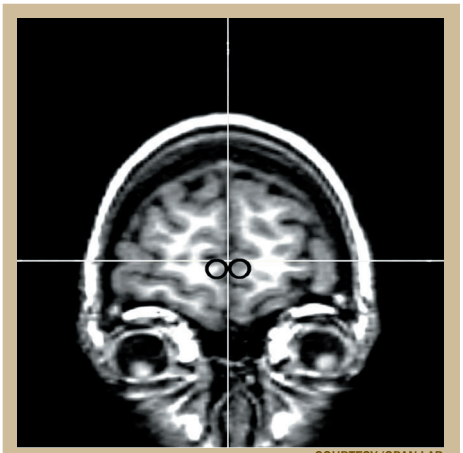
While participants—about half men and half women—were placed in the fMRI machine, they looked at a screen that flashed a wide variety of items, ranging from DVDs, food, and chocolate, to drink mixers, Stanford hats, and books.

After each item, participants saw an associated price, and then were given an opportunity to decide whether to buy the product by pressing one of two buttons.

Preferred items activated the nucleus accumbens, an area in the brain involved in the anticipation of rewards ranging from juice to cash. On the other hand, excessive prices activated the insula, an area implicated in the anticipation of punishments, and deactivated the mesial prefrontal cortex.

All of this brain activity occurred prior to the purchasing decision. Based on these findings, the investigators inferred that the potential pleasure of acquisition and the pain of having to pay for products may influence subsequent purchasing decisions.

The study was conducted in an "incentive compatible" manner, meaning that the 26 participants in the study were given $40 upon entering the fMRI room and told that at the end of the trials, two purchasing decisions would be randomly selected to count for real.



COURTESY/SPAN LAB

MESIAL PREFRONTAL CORTEX (circled), the brain region implicated in balancing costs & benefits.

If a participant happened to choose to buy an object that was one of the randomly selected trials, the participant had to surrender that dollar amount to the investigators in return for the products.

Purchasing Behavior, continued on page 5

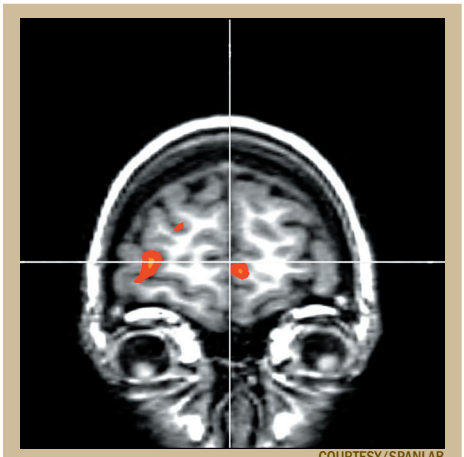
Purchasing Behavior, continued from page 4

"There was virtually no difference in how many items men and women bought, but there were individual differences," Knutson said. "Some people tended to buy a lot of items. If they bought a lot during the first trial, then they bought a lot the second time."

Brain activation prior to purchasing was also surprisingly robust, according to Knutson.

"These brain regions of interest activated before the decision and predicted the decision over all of these different products," he said. "You're comparing Godiva chocolates to a Stanford bucket hat, but somehow the same brain responses to all of these very diverse things are predicting behavior."

The investigators were not necessarily focused on shopping behaviors, but Knutson hopes that the findings could apply to general situations in which decision making is a component. For example, buying health care requires individuals to weigh the costs and benefits of one health plan versus another.



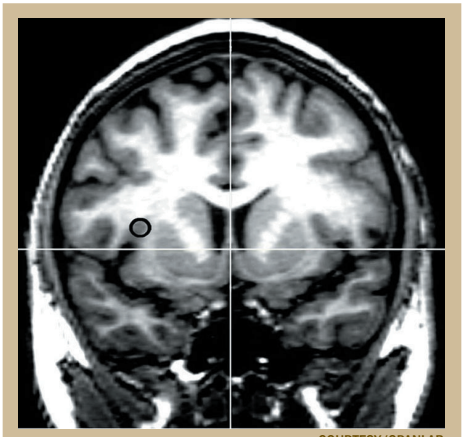
COURTESY/SPANLAB

Items considered a bargain increased activation in the mesial prefrontal cortex.

"It's hard to get people to buy anything," Knutson said. "If you present decisions in terms of benefits and costs, that may provide a more natural way for people to decide, rather than presenting huge matrices that have eight attributes of each health care plan. By providing all this information, people may believe that they are helping others to make decisions, but it can overwhelm the decision maker."

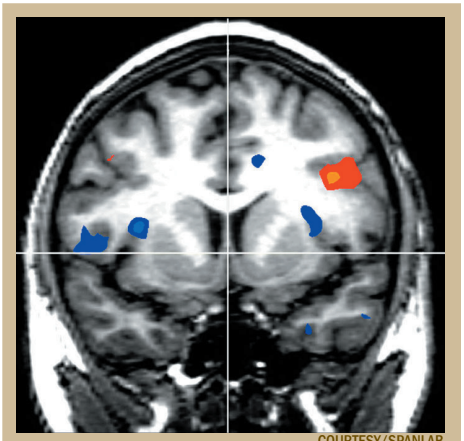
Framing also plays an important role. The anticipatory affect obtained from viewing a product depends not only upon whether the product is preferred by the consumer, but also if the price is right.

"Framing can have a big impact on what people choose. People tend to be loss averse." Knutson said. "For instance, if something is framed as 'this prescription benefit plan gives you access to all these options, but it may be revoked at any time,' people will not be likely to buy in even if that plan gives you more choices and better options than others. Framing the message differently should change people's tendency to buy."



COURTESY/SPANLAB

The INSULA (circled), the brain region implicated in anticipation of punishment.



COURTESY/SPANLAB

Individuals who felt prices were excessive displayed increased activation in the insula.

Ultimately, the investigators are interested in an applied theory of decision making. Such studies will help them to better understand how brain mechanisms underlie decision making and whether the findings can be generalized for application to different groups.

"We're really grateful to CADMA; without their support, this pilot study would not get done," Knutson expressed. "**Alan Garber** has been an incredible asset on campus not just from the standpoint of providing resources for implementing the research, but also for acting as an interdisciplinary collaborator."

Knutson continues, "We now interact more with people in health care and economics. I do think that it is important to understand how individuals make decisions. By understanding how they decide, individuals may be able to improve their decisions." §

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Brian Knutson is an assistant professor of psychology and neuroscience at Stanford University. His research focuses on the neural basis of emotional experience and expression. Knutson investigates this topic using a number of methods including self-report, measurement of nonverbal behavior, comparative ethology, psychopharmacology, and functional brain imaging.

"It's hard to get people to buy anything. If you present decisions in terms of benefits and costs, that may provide a more natural way for people to decide, rather than presenting huge matrices that have eight attributes of each health care plan." —Brian Knutson

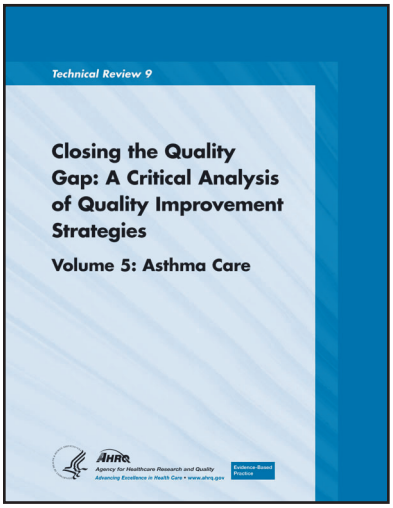
REPORT SERIES

Closing the Quality Gap on Asthma Care, Healthcare-Acquired Infections: What Does the Current Evidence Show?

In 2003, the Institute of Medicine (IOM) released a report entitled "Priority Areas for National Action: Transforming Health Care Quality" that identified twenty health conditions in which a gap exists, termed the "quality chasm." The quality chasm is inadvertently created when best practices for care are known, but not implemented in practice.

In response, the Agency for Healthcare Research and Quality (AHRQ) commissioned researchers at the Stanford University-University of California, San Francisco, Evidence-based Practice Center (EPC) to conduct a series of systematic reviews intended to address the quality chasm described in the IOM report. For seven of the priority conditions identified in the report, the EPC has been working on a series called "Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies" that examines quality improvement strategies in conditions including diabetes, hypertension, antibiotic prescribing behavior, asthma, and healthcare-associated infections. Results of the systematic reviews on the latter two conditions—asthma and healthcare-associated infections—were published in January of this year.

MOST EFFECTIVE INTERVENTIONS IN ASTHMA CARE



In the asthma quality improvement project, investigators analyzed 200 studies in detail—72 from the United States and 127 from foreign countries—and found the greatest body of evidence of effective quality improvement strategies for patients with asthma were those that enabled patients to self-manage and self-monitor their symptoms. Also, interventions that involved more interaction with health care providers in terms of frequency or intensity and that utilized multiple methods of instruction, such as group sessions and role-playing, tended to have the greatest benefits for asthma patients.

"Among the educational interventions, there were some common themes to successful interventions and strategies," said CHP/PCOR senior research scholar **Dena M. Bravata**. "The effective interventions included components that were well-grounded in the theory of behavior change."

The researchers found that among the youngest children, strategies were most effective when parents, caregivers, school nurses, and school personnel were involved in making sure children took the necessary steps to control their symptoms. For adult populations, additional asthma education beyond that done in the course of usual care improved asthma management. For example, strategies included creating an asthma clinic within the physician's practice or adding pharmacists to the care team.

Such strategies and interventions are important, as asthma is a common condition in the United States, currently affecting 16 million adults and 6.1 million children. While evidence-based clinical treatment recommendations exist that guide what types of medications physicians prescribe for asthma, it is clear that one of the problems in asthma management has been that patients often are not being prescribed the right set of medications, according to the review.

Bravata has taken the findings to heart, implementing changes to her own practice as a general internist whose job consists of knowing what medications to prescribe for what conditions.

"I take care of a number of patients with asthma, so working on the report has made me think about how I can do a better job," Bravata said. "As a general internist, I had read the guidelines, but doing a project like this, I learned more about asthma than I ever knew before. In particular, I learned more about barriers that patients have to monitoring their symptoms, taking their medications, and communicating changes in their symptoms with me. As a result, I have adopted new strategies for getting patients to adhere to their medication—in particular, I have increased my use of written self-management plans for which there is considerable evidence of effectiveness."

The group found that effective asthma care requires several coordinated steps: patients must understand their disease, doctors must prescribe the right medications, and patients must be able to obtain and properly take the medications.

"Most patients with moderate or severe, persistent asthma need to be on a regular inhaled corticosteroid," Bravata said.

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Quality Gap Reports, continued from page 6

"And that word 'steroid' can be scary to people, so somebody has to take the time to explain why they should be on that."

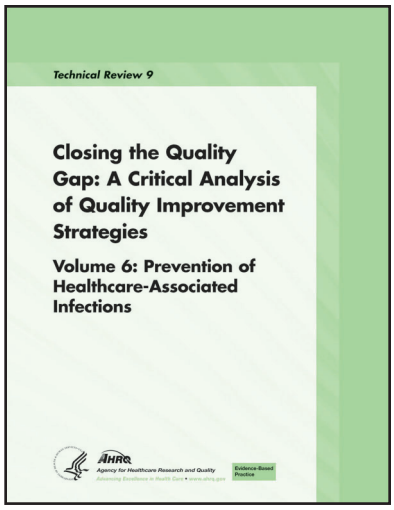
Insurance needs to be in place in order for patients to have access to care and medication. Furthermore, environmental factors, such as tobacco smoke, allergies to pets, and even cold weather, can trigger asthma symptoms that patients might not be aware of. Patients need to be trained to look for and avoid these asthma triggers.

"Patients need to be able to take their usual meds. When something happens, they need to have been taught to ramp them up and call their doctor," Bravata said. "For all of that to happen, it requires time and patience for clinicians to talk to patients. It's hard because it's not just one step."

While the asthma report points to many important intervention strategies that work, it has also identified key groups, such as adolescents, for which more research needs to be conducted.

"The story with asthma is really the same one that we hear for the other conditions identified in the IOM report," Bravata said. "The quality gap exists here for a real reason, just as it does for diabetes and hypertension among others, because coordinating all the people involved in managing these complex chronic medical conditions is a hard thing in our health care system that is increasingly fragmented."

CURRENT STUDIES VARY IN SCOPE AND METHODS TO PREVENT HEALTHCARE-ASSOCIATED INFECTIONS



According to the Centers for Disease Control and Prevention, healthcare-associated infections (HAIs) account for an estimated 2 million infections and 90,000 deaths, translating to $4.5 billion in annual excess health care costs in the United States. Patients can acquire HAIs during the course of receiving treatments for conditions. Health care workers can also acquire infections while performing their duties.

Given this quality gap, the investigators sought to evaluate the current methods being employed to prevent HAIs, analyzed in the sixth EPC report. The investigators found that there is insufficient evidence to recommend the best strategy or combination of strategies to prevent HAIs, noting that prevention strategies in HAIs are generally of "suboptimal quality."

The investigators reviewed and analyzed 64 studies that promoted adherence to select interventions for prevention of select HAIs—surgical site infections (SSI), central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia (VAP), and catheter-associated urinary tract infections (CAUTI). HAI rates were also observed.

"In the hospital setting, efforts to reduce HAIs typically focus on reminders, provider education, improving incentives (financial or otherwise), delegation of authority to non-physician providers (respiratory therapists or nurses in this case), total quality management, and 'audit-and-feedback' where data on adherence is reported back to providers," explained CHP/PCOR trainee **Kanaka Shetty**, one of the authors of the report. "All of these strategies seem fairly logical and are hence widely employed by hospitals."

While the study points to the lack of evidence for effective strategies to combat HAIs, there is some evidence that clinician education and reminders are effective at improving the use of antibiotics to prevent infections. With regards to CLABSI, a small number of studies analyzed showed that clinician education was effective at reducing infection rates.

In spite of the effective prevention strategies or decreased infection rates in individual studies, there was not adequate evidence in published studies that examined both infection rates and use of practices to prevent infections.

"Most of the studies were simple before-after studies, usually a response to a major increase in the infection rate," Shetty said. "In interpreting these studies, we're not certain if the resulting reduction in the infection rate is due to random factors or the intervention itself. In addition, it's unclear if improvements seen would sustain themselves over time in the absence of an ongoing campaign. For this reason, it may be true that long-term improvements may be hard to force into existence."

Although more studies need to be conducted to evaluate HAI prevention methods, it is unlikely that large, multi-center randomized trials will be conducted, since they would be expensive and difficult, according to Shetty.

"There are several ongoing large initiatives that could be studied, including one by the Institute for Healthcare Improvement," Shetty explained. "While these are not randomized, they have occurred at various times across the country. A well-designed observational study could determine

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RESEARCH ACTIVITY UPDATES

Patient Safety Research Group Academic Year in Review

The "Patient Safety Research Group" is the new name for the group of CHP/PCOR fellows, faculty members, and research staff that started working on patient safety culture in 1999. During the past year, the group's scope of work has expanded to include new projects and partnerships.

The largest current project, funded in 2003 by the Agency for Healthcare Research and Quality (AHRQ), looks at "safety culture" in over 100 hospitals across the country to examine how an organization's culture may be related to safety performance, among other things.

The team measured safety culture using an instrument that they developed and validated over the past 8 years in a stratified random sample of 114 hospitals in 2004. After implementing an intervention in about a quarter of those hospitals for approximately a year, the group is again measuring safety culture in all institutions.

One of the most consistent findings in all of the group's research over the years has been that senior managers have a more positive view of safety culture in their hospitals when compared to those working in the front lines.

Among other results, what the group hopes to find are differences in key dimensions of safety culture in hospitals that participated in the intervention versus hospitals that did not participate in the intervention.

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Patient Safety Research Group updates were compiled with the help of CHP/PCOR project manager **Alyson Falwell**.

"The theory that we subscribe to—that a lot of people in health care subscribe to—is that this notion of culture is really important. Safety culture is important to achieving an organization that has consistently good outcomes and consistently few errors." —Alyson Falwell

GROUP MILESTONES

2006

August 2006
Patient Safety Research Group is awarded a small conference grant from AHRQ, which funded the 2006 conference and will provide funding for the Sixth Annual Patient Safety Consortium Meeting in July 2007.

August 2006
Fifth Annual Patient Safety Consortium Meeting held in Philadelphia, which included more than 60 attendees from 37 hospitals & health networks, including representatives from the Institute for Safe Medication Practices, the Joint Commission, England's National Health Service Heart Improvement Programme, and Kaiser Permanente. The 2-day conference included presentations by national experts on a variety of patient safety-related topics, such as rapid response teams, physician engagement, High Reliability Organization theory, & the Joint Commission's National Patient Safety Goals.

September 2006
David M. Gaba, Laurence C. Baker and Sara J. Singer are awarded grant from AHRQ to focus on improving safety culture through simulation. The project, led by Gaba, looks at simulation training as a way to improve patient safety, focusing primarily on crew resource management & systems-oriented simulation training. The group is working with three hospitals that are members of the Patient Safety Consortium and participate in the current safety culture grant.

2007

February 26, 2007
Sara J. Singer, Laurence C. Baker, David M. Gaba, Alyson Falwell, and colleagues are authors of a paper on the development and validation of a safety culture survey. Paper is accepted for publication in *Health Services Research*, entitled "Workforce Perceptions of Hospital Safety Culture: Development and Validation of the Patient Safety Climate in Healthcare Organizations Survey."

July 30–31, 2007
Sixth Annual Patient Safety Consortium Meeting, to be held in the Bechtel Conference Center at Stanford University. Keynote speaker is Kathy Duncan, Director of Critical Care Services at Baptists Memorial Hospital in Memphis, TN, and a faculty expert on rapid response teams for the Institute for Healthcare Improvement. Other agenda highlights include a presentation by the Joint Commission and a session on High Reliability Organization theory across industries.

Recent CADMA & CDEHA Program Grants, 2006–2007

CHP/PCOR administers both the Center on Advancing Decision Making in Aging (CADMA) and the Center on the Demography and Economics of Health and Aging (CDEHA). The research programs seek to cultivate a better understanding of health issues in their respective populations by drawing on knowledge from a wide range of fields, such as geriatrics, economics, medical informatics, and epidemiology.

CADMA conducts and promotes research that explores how older Americans make decisions regarding their health and well-being, with the goal of developing and implementing practical methods that will help them make informed, effective decisions. CDEHA promotes the study of trends in demography, economics, health, and health care, and the effects of these trends on the well-being of the elderly.

CADMA PROJECTS

"Age, Affect Valuation, and Health-Related Decision-Making"
Investigators: Jeanne Tsai, Tamara L. Sims
Mentor: Mary K. Goldstein

"Choosing Not to Choose: Ambiguity Aversion in Younger and Older Adults"
Investigators: Brian Knutson, Gregory Larkin
Mentor: Alan M. Garber

Research Activity, continued on page 9

RESEARCH IN BRIEF

PUBLIC-PRIVATE PARTNERSHIPS

Around the world, more and more people are looking to public-private partnerships (PPP) as an approach to address common health care problems. Yet, there is little research to document whether and when the PPP model works.

Consequently, CHP/PCOR associate Donald A. Barr was asked in 2003 by the World Health Organization (WHO) Centre for Health Development in Kobe, Japan, to develop a research protocol to evaluate the PPP model in developing countries, such as India and sub-Saharan Africa.

"The PPP model has been helpful in addressing specific health issues such as HIV or malaria," Barr said. "We got together to try and structure a research protocol to answer a different question: Is the PPP model a helpful model for delivery in health and welfare services more generally?"

Barr traveled to Kobe to discuss these issues with the leaders of the Kobe Centre, and subsequently convened a 2-day conference at Stanford. Attendees included eight individuals from a wide range of health disciplines, each of whom have connections to global health issues.

"We tried to understand what circumstances allowed the model to work well and presented the findings to WHO in a subsequent global convening," Barr explained. "We encountered a mixed reaction. A number of member states in WHO wanted us to be more inclusive of the public sector moving to the private efforts versus PPP methods—they wanted us to include in our analysis not only true 'partnerships,' but also cases of the transfer of public services to the private realm."

Barr DA. A research protocol to evaluate the effectiveness of public-private partnerships as a means to improve health and welfare systems worldwide. *American Journal of Public Health* 97, no. 1 (2007): 19–25.

"There are some cases in which the initiation of a partnership comes from the private sector," Barr said. "Often, a private group will see a gap in the public sector, and once the government sees the success of a program that fills that gap, they will invest in it as a means of delivery."

However, Barr notes that the success of these partnerships depends upon a number of factors and to a great extent on the country in which the partnership occurs. For example, the PPP model worked well in Bangladesh, but not as well in Brazil. This was because states in Brazil failed to reach out to low-income residents, as the proper administrative structures were not in place.

"Every country is different, so you've got different social and governmental structures. The level of trust and corruption will vary," Barr said. "We described a process that identified features of PPPs and evaluated the outcomes and how they relate to equity to those in society."

The group found that many partnerships in developing countries are created with pharmaceutical companies. This is done in order to make products available for certain types of diseases. On the health and welfare side, countries would partner with physicians, hospitals, and perhaps pharmaceutical companies as well, but the type of private sector would be broader, according to Barr.

"What I'm hoping is that global bodies, such as WHO, or non-governmental organizations like the Gates Foundation or Rockefeller Foundation, will take very seriously the PPP model and whether it is the model to invest in," Barr expressed. "What I'm hoping then is that there would be locally initiated research that might use and build on this protocol and over time, there would be a body of research to look at this with a similar methodological approach to reach more consensus to see if PPP should be invested in more heavily." §

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Donald A. Barr is an associate professor of sociology at Stanford University. His research interests include expanding access to health care for California's low-income population; minority student attrition from the pre-medical curriculum; health literacy; environmental health; and measuring primary care quality in managed care systems.

Research Activity, continued from page 8

"Risk-Taking and Financial Decision-Making in Older Adults"
Investigators: Gregory Larkin, Brian Knutson, Camelia Kuhnen
Mentor: George Loewenstein

CDEHA PROJECTS

"Increasing Physical Activity Among the Elderly: A Meta-Analysis of the Effectiveness of Pedometers"
Investigators: Dena M. Bravata
Mentor: Alan M. Garber

"The HIV/AIDS Pandemic and Africa's Orphaned-Elderly"
Investigators: Jay Bhattacharya, Grant Miller
Mentor: Alan M. Garber §

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Please visit the CADMA and CDEHA program webpages for detailed information on individual projects, events, and presentations. CADMA & CDEHA updates were compiled with the help of CHP/PCOR project manager **Moira McKinnon**.

Quality Gap Reports, continued from page 7

if the recent quality improvement focus was associated with an improved hospital acquired infection rate in the population."

Additional improvements in outcomes could require the use of computer-based reminders, which improved adherence in a few studies. However, such systems are costly, require yearly maintenance, and demand that providers implement them.

"Hospitals are unlikely to adopt computerized physician order entry systems solely for reducing healthcare-acquired infection rates," Shetty said. "However, as computerized systems gradually replace paper charts, their adoption could bring benefits in the area of healthcare-associated infections as well." §

NEW COURSES

CHP/PCOR faculty members & affiliates teach a variety of courses, on subjects including health economics, health policy, statistics, international health, and cost-effectiveness analysis. International health and health economics were two new courses offered this past winter quarter. Current and upcoming courses may be viewed on the courses webpage.

INTERNATIONAL HEALTH

Course: Rethinking International Health (MED 230)
Instructor: Paul H. Wise
Teaching Assistant & Project Manager: Pauline Brutlag
Website: http://rih.stanford.edu

Wise's international heath course is the first of its kind to be taught at Stanford University's School of Medicine. The course has now been 3 years in coming, and is funded by the Lucile Packard Foundation for Children's Health and the Stanford University Medical Media & Information Technologies group.

Comprised of approximately 40 students and 10 auditors from throughout the university, the class has engaged students in speaking on a number of issues pertaining to international health, such as the role of the physician and health care worker, health as a human right, successful health interventions, children's and women's health, issues in immunization, economic development, and non-governmental organizations.

"The students have been very enthusiastic and engaged," Wise said. "Some have grouped together to work on advancing U.S. participation in a global program to enhance vaccine provisions in the developing world through guaranteed markets."

The course is structured as a seminar that uses online tools that include extensive video interviews with global leaders in international health issues. The comprehensive approach of the course has been a draw for many students.

"The class has been a very good way to discuss cutting edge international health issues with the students, but perhaps more importantly, it has created a forum for students to interact with each other around these important issues," Wise said.

Dr. Julie Parsonnet, a CHP/PCOR associate and associate professor of medicine in the Health Research and Policy department, will be teaching the course this spring 2007 quarter. She and CHP/PCOR project manager Pauline Brutlag have been involved in the development of the course. §

"Dr. Wise's class really analyzes different means to go about combating global health issues. We learn about how certain diseases are addressed and where international health can be improved. It really gets students thinking about how they can help reduce the global disease burden."
—Lindsay Allen, Human Biology, Class of 2008

HEALTH ECONOMICS

Course: The Economics of Health Improvement in Developing Countries (ECON 127, HumBio 121, MED 262)
Instructor: Grant Miller
Teaching Assistant: Rekha Balu

While traditional courses in international health focus on the major diseases that afflict poor countries, this course focuses on the practical challenges of health improvement in developing countries. It provides insights grounded in economics and presents a unifying conceptual framework for thinking analytically, posing questions such as: Why might health improve during sudden economic downturns, why might food be exported during famines, and what policies ameliorate this?

"The course applies insights about human behavior from economics to try to understand the underlying behavioral foundations of why this is so," Miller explained. "Although international health initiatives are grossly under funded, simply emphasizing the need for more resources does not address the fundamental behavioral obstacles to health improvement in poor countries."

With 36 enthusiastic students, many of whom have a deep personal commitment to improving health in developing countries, the class begins by contrasting economic views of health improvement with those in other relevant fields and disciplines, such as medicine, public health, and epidemiology. Following this, it gives an overview of health and population change around the world, exploring supply and demand topics, and more.

"Students are eager to translate their enthusiasm into tangible results," Miller said. "My hope for the course is that without sacrificing enthusiasm, they can acquire the analytic tools and social science skills that allow them to bring level-headed analysis to bear on important global health policy debates." §

"It was great to be exposed to a range of empirical work being done on health improvement in developing countries, to have a chance to think critically about the methods used and the conclusions reached, and then to design my own study, building off previous work and taking into account the inevitable challenges faced in working with incomplete, difficult data."
—Colin Burke, Public Policy, Class of 2007

STAFF SPOTLIGHT

Staff member Nicole Smith describes the educational and work experiences that have led her to Stanford University

PHOTO/AMBER HSIAO

The realm of health care and data analysis is nothing new to CHP/PCOR data analyst Nicole Smith, who has been at the Centers since October 2005. Having worked in various health care settings since graduating from Brigham Young University (BYU) in Utah with both a bachelor's and master's degree in statistics, Nicole has been immersed in health care analysis. But, it hasn't always been this way.

As an undergraduate at BYU, Nicole studied statistics, and also minored in business and math. However, there was not a clear path she wanted to pursue at the time until she took on several internships.

"You never really know what you're going to do with your career," explains Nicole. "As an undergraduate, I interned at the U.S. Census Bureau which taught me about surveys and pushed me to further my education. It wasn't a career path that fit me, but that internship and some business classes geared toward public policy certainly helped me understand my strengths and desires."

Relinquishing any thoughts of entering a particular career path, Nicole did an internship at the Cleveland Clinic, where she was able to apply her technical skills to medical-type research.

"It was just an internship, but I really liked it there," she notes. "When I was at the Cleveland Clinic, I thought, 'Oh, this is it!'"

At the clinic, Nicole worked with a group of statisticians and doctors to help design studies, collect data, and analyze data.

"The doctors would come to us with questions like 'I'm trying this new method or procedure, how should we go about doing the study?' Other times they would come to us with data—just hoping for a significant result! So it was a little different from what we do here," she explains. "When I was at the Cleveland Clinic, I felt it was a good use of my skills, so that's kind of how I ended up finding out that I liked health and medicine."

After her stint at the clinic, Nicole went back to BYU to do her master's, after which she worked at a nonprofit hospital system in Utah that was geared toward improving quality of care.

"It was different working in a hospital," she says. "Intermountain Healthcare has a good system for keeping costs down. We were assigned different roles, so I worked on women's and children's health, and other things too. Most of the data in that hospital was available to the analysts electronically, which is pretty unique."

As part of the statistics team that provided a gateway to the data, she assisted in analysis of all sorts of data. With everything electronically based, the team could easily run monthly reports on a number of measures, such as the number of newborns born with a certain condition.

Now that she is at CHP/PCOR, Nicole works on a number of projects, mostly for core faculty members Jay Bhattacharya and Grant Miller. One of the projects involves looking at the cost of antiretroviral drugs to treat HIV/AIDS. The three are collecting data on drug prices in different countries, creating a drug price index, and then examining how survivorship has increased during price declines. The data will also allow them to see if sexual behavior has become more or less risky.

"Working with Grant and Jay is totally different than anything I've ever done before. I like it here; I think I'll be in the Bay Area for a long time," she says with a smile. §

WINTER MEDIA MENTIONS

CHP/PCOR director and core faculty member Alan M. Garber was quoted in a *New York Times* (Jan. 7) article that discusses a proposed plan that would have the government negotiate lower drug prices on behalf of Medicare beneficiaries, but would not decide which drugs are covered. The story also ran in numerous other newspapers throughout the country.

CHP/PCOR fellow David M. Gaba was quoted in the *Baltimore Sun* (Jan. 9, Jan. 16) on the Maryland Surgical Simulation Training and Technology Center. The Center helps to train students, residents, and doctors without having to risk the health of patients through simulation-based learning on robotic mannequins.

CHP/PCOR fellow Hau Liu was quoted in numerous media outlets across the nation to discuss a study, published in the *Annals of Internal Medicine*, that suggests there is no data to support claims that taking human growth hormone will reverse the signs of aging or make people live longer. Media outlets include the *Los Angeles Times* (Jan. 16), *Forbes.com* (Jan. 15), *Boca Raton News*, FL (Jan. 28), *Science Daily* (Jan. 31), and the *United Press International* (Jan. 15). Segments also aired on radio and television stations, including CBS and KGO-TV.

CHP/PCOR associate Keith N. Humphreys was featured in a "Health Check" radio program on BBC World Service Radio (Jan. 22) on the medical aspects of alcoholism. The radio segment discusses the impact of excessive drinking on the mind and body. Humphreys was also quoted in an article in *BBC News* (Jan. 29) on research published earlier this month by Humphreys and CHP/PCOR associate Rudolf H. Moos in *Alcoholism: Clinical and Experimental Research*. The study found that treatment in faith-based Alcoholics Anonymous groups are 30 percent more likely than others to help patients remain sober for at least two years.

CHP/PCOR fellow Randall S. Stafford was quoted in an article featured in the *Winston-Salem Journal*, NC (Jan. 28), that discusses the state of FDA regulations that governs the approval of new medications. The piece mentions FDA fast-tracked drug approvals, which allow drug companies to market drugs for which there are no alternatives for treatment in the population.

Media Mentions, continued on page 13

WINTER QUARTER PUBLICATIONS

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Zaric GS, Brandeau ML. A little planning goes a long way: Multilevel allocation of HIV prevention resources. *Medical Decision Making* 27 (2007): 71–81. §

WINTER QUARTER ANNOUNCEMENTS

CHP/PCOR adjunct affiliate Vincenzo Atella was nominated to be a member of two governing commissions in Italy. The two commissions are the "National Committee for Monitoring Health Care Services" and the "Committee for Strategic Evaluation of the Italian National Drug Agency." He will have access to large databases of microdata, which will allow for future empirical research.

The Congressional Budget Office (CBO) announced on, March 8, 2007, its panel of health advisers, one of whom is CHP/PCOR director and core faculty member Alan M. Garber. The panel consists of 18 members who will meet to discuss research in health policy and advise the CBO on analyses of health care issues. To read more on the health panel, visit the CHP/PCOR news page.

CHP/PCOR adjunct affiliate Byung-Kwang Yoo was the author of a book entitled *Health Economic for Reform* (*Kaikaku no Tame no Iryo-Keizaigaku* in Japanese) that had the honor of being selected and ranked 14th out of "20 Best Books in Economics and Business in 2006" by *Nikkei Newspaper*, the so-called *Wall Street Journal* of Japan, with a circulation of more than 3 million subscribers. The book sold around 5,000 copies during the first five months after being published in July 2006.

CHP/PCOR associate Marcus W. Feldman's work on aging and the sex-ratio in China, funded by a 2004–2005 CDEHA grant has led to one published book and another on gender discrimination in China. In turn, the Freeman Spogli Institute for International Studies has awarded him a grant for further studies on males in China who cannot find brides and the affect of this on domestic stability and the welfare of the elderly.

CHP/PCOR senior research scholar Dena M. Bravata and colleague Crystal Smith-Spangler presented "Increasing Physical Activity: Do Pedometers Work?" at the Northern California Regional Society of General Internal Medicine meeting. It won the award for best presentation. The study was funded by CHP/PCOR's Center for Demography and Economics of Health and Aging.

HELLOS AND GOODBYES

CHP/PCOR said a fond farewell to trainee Kaleb D. Michaud, who took on a position as an assistant professor at the University of Nebraska Medical Center in Omaha, NE, in the rheumatology division. As a PhD student in the physics department at Stanford University, Kaleb concurrently did a fellowship at CHP/PCOR, where his focus was outcomes research on a number of projects, including mortality in patients with rheumatoid arthritis. In his new position, he is contributing to and conducting research with several databases. Additionally, Kaleb is heading up the newly-formed Nebraska Arthritis Outcomes Research Center.

CHP/PCOR was pleased to have Bonnie Tsang on board for a four-month rotation that ends this month in PCOR as part of the Department of Medicine's new Grants Manager Training Program. Her professional experience includes commercial banking in the tech, biotech, and real estate sectors, and project management in a corporate training program. She received her master's in education from Stanford University and her bachelor's in legal Studies from the University of California, Berkeley. Bonnie will be staying at Stanford University, working in the School of Medicine at the Dean's Office Budget and Financial Planning group until August where she will be involved with the budgeting cycle for fiscal year 2008.

Sarah "Sally" Horwitz was appointed acting professor of pediatrics and joins the CHP/PCOR staff as a core faculty member. Sally has a long track record in health services research, and most recently served a variety of roles at the School of Medicine at Case Western Reserve University in Cleveland, OH, as a professor of psychiatry, epidemiology, biostatistics, and pediatrics. As an international authority on the epidemiology of mental health disorders in childhood, she has been a leader in transforming her research into improved pediatric practice and policies. Her extensive experience in the field of health policy and research will no doubt be an asset to the CHP/PCOR community.

GRANT SUBMISSIONS

"Rapid Response Systems, Safety Culture, and Patient Safety"
Funding: Agency for Healthcare Research and Quality
Principal Investigator: Laurence C. Baker
Project Period: Dec. 1, 2007 to Nov. 30, 2010

"The Interaction of Public and Private Health Insurance"
Funding: National Institutes of Health
Principal Investigator: Kate Bundorf
Project Period: Dec. 1, 2007 to Nov. 30, 2010 §

Media Mentions, continued from page 11

CHP/PCOR fellow Laurence C. Baker was quoted in an article featured in *Slate* (Feb. 6) on the amount of revenue that stem cell research might generate for the states. Baker's research suggests that stem cell research would "generate state revenues and health care savings of $6.4 to $12.6 billion over 30 years," turning a $1 billion profit for California after accounting for state bonds used to fund research and bond interest payments.

CHP/PCOR associate Thomas N. Robinson was quoted in an article featured on *Prevention.com* (Feb. 19) that describes and lists eight ways to set a child free from TV. Robinson states that making rules for when children can or cannot watch TV eliminate arguments between child and parent.

The work of CHP/PCOR core faculty member Victor R. Fuchs is mentioned in a *New York Times* (Feb. 15) piece in the "Economic Scene" feature on a health care reform plan that he and Dr. Ezekiel Emanual have outlined to address health care system concerns.

CHP/PCOR fellow Laurence C. Baker provided comments in a *San Francisco Chronicle* (Feb. 23) piece that discusses the rapidly rising health care costs cited in several reports. The reports suggest that health care costs will nearly double in 2016. Baker attributes the increase in medical costs to the growing demand for new technologies that are often expensive. The improved bargaining power of doctors and hospitals is also cited as a reason for increased costs.

CHP/PCOR associate Randall S. Stafford provided comments in a *Los Angeles Times* piece (Feb. 23) that featured a study completed by Stanford researchers. The study is the largest- and longest-ever comparison of four popular food diets, with the lowest-carbohydrates Atkins diet coming out on top. Randall was also interviewed during a segment on KABC-TV (Los Angeles, Mar. 11). Similar segments aired on KABB-TV (San Antonio, TX), KGO-TV, KHOG-TV (Fort Smith, AR), KPIX-TV and WTVM-TV (Columbus, GA), KIRO-AM (Seattle, WA), and Science Friday on NPR. §

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Media Mentions are a compilation of select CHP/PCOR-relevant daily media reports produced by the Stanford School of Medicine's Office of Communication & Public Affairs. Media Mentions are edited by CHP/PCOR editor Amber Hsiao.

VA Annual Meeting, continued from page 2

recruiting more patients and refining the model of what group visits would be like. Finally, the third step involved recruiting a large number of providers and patients to participate in the intervention study and summative evaluation.

Primary care providers were randomly distributed. Two-thirds were assigned to do group visits; the remaining third served as the control group to do treatment as they normally would in their own practice. Patients of primary care providers doing group visits were then randomized as well to receive group visits or one-on-one visits.

"We had successful randomization and had distributions that we expected, with no significant differences on the baseline comparisons with patients," Goldstein said. "We focused our analysis on the patients who were enrolled in step three, which was approximately six months long and was intended to have one group visit per month per primary care provider."

During the six months, patients in group visits had plenty of interaction with both the primary care provider and other patients in similar situations. With up to 10 to 12 people in each group session, patients could hear the concerns of others, gain support from their peers, get questions answered by the physician or nurse practitioner, and learn about the best ways to manage their hypertension.

At the end of the study, the investigators looked at the impact of group visits on a patients' blood pressure compared to the control group, finding that there was a beneficial effect for blood pressure control for group visit patients. There is still additional data to be analyzed, but the preliminary results will help in finding ways to better serve those with chronic conditions.

"Ultimately, people with chronic diseases manage themselves, so we were trying to help the patients self-manage their disease," Goldstein said.

"Group visits can help with enhancing patients' understanding of their diseases and their ability to carry out the things they need to do to manage it and get better." —Mary K. Goldstein

The average age of the patients—mostly men—was in the late 60s. Patients tended to have three or four chronic medical problems, typical of aging adults enrolled in the VA for health care.

"Other people have done group visits with other populations. One of the things I think is that this shouldn't be the only way that a patient can see their doctor," Goldstein explained. "It can be a beneficial model to offer, but it shouldn't be the only access to medical care that is available."

Goldstein adds, "For patients who are managing a chronic illness, and enjoy interaction with others, and learning about their illness from peers, group visits can really help in their problem solving about how to do things and take care of themselves. Group visits can also help with enhancing patients' understanding of their diseases and their ability to carry out the things they need to do to manage it and get better." §

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Other studies presented at the meeting include:

Bosworth H, Olsen M, Dudley T, Orr M, **Goldstein M**, Datta S, McMcant F, Gentry P, Simel D, Oddone E. The Veterans' Study to Improve The Control of Hypertension (V-STITCH): A Patient and Provider Intervention to Improve Blood Pressure Control. (Presented by Bosworth)

Bonner L, Chaney E, Fortney J, **Goldstein M**, Nichol P, Oslin D, Perrin R. Developments in Information Health Technology: Integrating and Evaluating IT to Improve Management of Complexity in Chronic Care. (Presented by Bonner)

Lin N, **Martins S**, Michel M, Kirby A, Chan A, Fischer M, Steinman M, Bosworth H, **Goldstein M**, for the ATHENA Investigators. Impact of a Decision Support System for Hypertension Management (ATHENA-HTN) on New Thiazide Use among Patients with Uncomplicated Hypertension. (Presented by **Lin**)

Resource Allocation, continued from page 3

is a very diffuse process, it is difficult to require certain things of the groups that money is given to. A strong public health program and health department that really knows the community is needed so that it can identify key groups affected by HIV in its region, according to Brandeau.

"Once you know what the problems are in a community, you know where to allocate funding," Brandeau said. "That's the thing about an infectious disease—it's not going to be eradicated any time soon. It's always a hot spot bubbling up, and you've got to know where that hot spot is now."

Effective HIV prevention programs depend largely upon conditions in local communities and the sharing of best practices. While changing the behavior of individuals engaged in high-risk behaviors can be difficult, developing tools to help people bring about incremental change can lead to more rational decision making.

"At the very least, I hope that our study highlights the need for decision-makers at different levels to be aware of the decisions that are being made at other levels in the process," Zaric said. "Decisions at each level can have a significant impact on the overall outcome."

Brandeau adds, "The more rationality we can bring to the allocation process, the better we're going to be able to do in making the best use of our funds. We still have 40,000 new cases of HIV in the United States every year, and sure, that's very small compared to sub-Saharan Africa, but it is still too much." §

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Margaret L. Brandeau is a professor of management science and engineering and courtesy professor of medicine at Stanford University. Her research interests include the application of mathematical models and management science techniques to health policy problems, as well as bioterrorism preparedness planning.

Gregory S. Zaric is a professor at the University of Western Ontario. His research interests include health economics, health policy, cost-effectiveness analysis, and pharmacoeconomics.

SPRING PRESENTATIONS

KENNETH J. ARROW
CHP/PCOR fellow

"The Economic Rationale for the ACT Subsidy at Expert Workshop on a High-Level Buyer Subsidy for Artemisinin-Based Combination Therapies"
Presented at talk sponsored by the Ministry of Foreign Affairs of the Netherlands in collaboration with the Roll Back Malaria Partnership Secretariat and the World Bank in Amsterdam, Netherlands, Jan. 18, 2007.

JAY BHATTACHARYA
CHP/PCOR core faculty member

"Who Pays for Obesity?"
Presented at the American Economics Association Annual Meeting in Chicago, IL, Jan. 3–6, 2007.

"An Economist's Perspective on the Obesity Epidemic"
Seminar presented at the Center for Healthy Weight at Stanford University, Feb. 16, 2007.

"Medical Technology and the Future of Medicare"
Presented talk to the internal medicine residents at Stanford University, Feb. 23, 2007.

DENA M. BRAVATA
CHP/PCOR senior research scholar

"Increasing Physical Activity: Do Pedometers Work?"
Presented data from study that looks at the use pedometers to increase physical activity in adults in the outpatient setting at Stanford University, Mar. 28, 2007.

ALAN M. GARBER
CHP/PCOR director & core faculty member

"Cost-Conscious Coverage"
Presented speech at the National Healthcare Reform: Policy Options and Imperatives, James A. Baker III Institute for Public Policy event at Rice University in Houston, TX, Feb. 23, 2007.

"Low-Cost Insurance is the Key to Health Reform"
Served as panel discussant of "Critical Issue Session: Healthcare" at the 2007 Economic Summit of the Stanford Institue for Economic Policy Research, Mar. 2, 2007.

MICHAEL K. GOULD
CHP/PCOR fellow

"Timeliness of Care in Patients with Lung Cancer"
Presented at the Annual Meeting of the National Association of Medical Directors of Respiratory Care, Monterey, CA, Mar. 22–24 2007.

GRANT MILLER
CHP/PCOR core faculty member

"Stanford Symposium on Demography & Infectious Disease"
Served as panel discussant at the symposium in Palo Alto, CA, Feb. 23, 2007.

"Is Mortality in Developing Countries Procyclical? Evidence from Colombia's Coffee-Growing Regions"
Presented at the Population Association of America Annual Conference in New York, NY, Mar. 29–31, 2007.

"Women's Preferences and Child Survival in American History"
Presented at the Penn State Center on Population Health and Aging in College Park, PA, Apr. 5, 2007.

SARA J. SINGER
CHP/PCOR senior research scholar

"Strategies for Improving Safety Culture: Lessons from Leveraging Front-Line Expertise"
Presented at the California Rural and Critical Access Hospitals' CMS Quality and Safety Initiatives Webinar, Feb. 13, 2007.

"Understanding and improving safety climate and performance in hospitals"
Presented at the Research Colloquium, Center for Health Quality, Outcomes and Economic Research in Bedford, MA, Feb. 28, 2007.

"Hospital Safety Climate: Variation by Management Status"
Presented at the PhD in Health Policy Research Seminar, Department of Health Care Policy, Harvard Medical School in Brookline, MA, Mar. 4, 2007.

DOUGLAS K. OWENS
CHP/PCOR core faculty member

"Translating Evidence into Policy and Practice"
Presented at Judging the Evidence: Standards for Determining Clinical Effectiveness, A Workshop of the Institute of Medicine Roundtable on Evidence-Based Medicine, Institute of Medicine in Washington, DC, Feb. 5, 2007.

"Evaluating the Benefits and Costs of HIV Screening: Why Voluntary HIV Screening Should be Routinely Offered in Health Care Settings"
Presented at the Infectious Disease Seminar, VA San Francisco Health Care System in San Francisco, CA, Feb. 7, 2007.

"Research in HSR&D"
Presented at the VA Health Services Research & Development National Meeting 2007 in Arlington, VA, Feb. 22, 2007.

UPCOMING EVENTS

GRANT MILLER
CHP/PCOR core faculty member

Presenting at (Titles TBD):
University of Illinois at Chicago Department of Economics in Chicago, IL, Apr. 11, 2007.

University of Wisconsin Center for Demography and Ecology in Madison, WI, Apr. 17, 2007.

Duke Economic Development Conference in Durham, NC, Apr. 21–22, 2007.

University of California, Berkeley, Department of Demography, Apr. 25, 2007; Department of Economics in Berkeley, CA, May 7, 2007.

National Bureau of Economic Research Cohort Studies Meeting in Park City, UT, May 11–12, 2007.

Cliometric Society Annual Conference in Tuscon, AZ, May 18–20, 2007.

ELLEN SCHULTZ, MICHAEL K. GOULD
CHP/PCOR research assistant, fellow

"Validation of Two Models To Estimate the Pre-Test Probability of Malignancy in Patients with Solitary Pulmonary Nodules"
To be presented at the American Thoracic Society International Conference in San Francisco, CA, May 18–23, 2007.

"Validation of a Decision Model for Managing Solitary Pulmonary Nodules"
To be presented at the American Thoracic Society International Conference in San Francisco, May 18–23, 2007.

AMAR DESAI
CHP/PCOR trainee

"Traditional ESRD Biomarkers May Have Lower Predictive Value for Mortality than Non-Traditional Biomarkers: A Systematic Review of the Literature"
To be presented at the National Kidney Foundation National Meeting in Orlando, FL, Apr. 10–11, 2007. §

RESEARCH IN PROGRESS SEMINARS



CHP/PCOR hosts this weekly event series, at which the Centers' faculty, affiliates, and invited guests discuss their research on a relevant health policy or health services research topic. Free and open to the public, the seminars are interactive forums at which attendees may ask questions and offer input on the research being discussed.

The spring quarter seminars will be held at 259 Campus Drive in the Health Research & Policy Building (Redwood Building) in Room T138-B on Wednesdays, 1:30 pm – 3:00 pm unless otherwise noted. Please visit the event series webpage for the most up-to-date session information.

WINTER 2007 SESSIONS

January 10, 2007
HIV in Russia: The Cost-Effectiveness of Treating Injection Drug Users with Antiretroviral Therapy
Elisa Long, PhD Candidate

January 17, 2007
The Impact of the 2003 ACGME Resident Work Hours Regulation
Kanaka Shetty, MD, CHP/PCOR Trainee

January 31, 2007
Comparative Effectiveness of Percutaneous Coronary Interventions and Coronary Artery Bypass Grafting for Coronary Artery Disease
Mark A. Hlakty, MD, CHP/PCOR Fellow;
Dena M. Bravata, MD, MS, CHP/PCOR Senior Research Associate

February 7, 2007
Women's Preferences and Child Survival in American History
Grant Miller, PhD, CHP/PCOR Core Faculty Member

February 14, 2007
Relationship of Safety Climate and Safety Performance in Hospitals
Laurence C. Baker, PhD, CHP/PCOR Fellow;
Alyson Falwell, MPH, CHP/PCOR Project Manager

February 21, 2007
Incentive Processing in the Aging Brain
Gregory Larkin, PCOR CADMA Researcher

February 28, 2007
Controlling Infectious Disease Co-Epidemics: Analysis of the HIV and Tuberculosis Co-Epidemics in India
Elisa Long, PhD Candidate

March 7, 2007
Alternative HIV Management Strategies in Resource-Poor Settings
Eran Bendavid, MD, CHP/PCOR Trainee

March 14, 2007
Increasing Physical Activity: Do Pedometers Work?
Dena M. Bravata, MD, MS, CHP/PCOR Senior Research Associate
Crystal Smith-Spangler, MD

SPRING 2007 SESSIONS

April 4, 2007
HIV Pandemic, Medical Brain Drain and Economic Development in sub-Saharan Africa
Alok Bhargava, PhD, University of Houston

April 11, 2007
To Be Announced
Nancy Benedetti, Stanford University;
John Hsu, Kaiser Permanente Division of Research

April 18, 2007
The Double-Edged Sword: Efficient and Equitable Medical Technology Diffusion
Peter Groeneveld, MD, MS, University of Pennsylvania

April 25, 2007
The Trouble with Fructose
Robert Lustig, MD, University of California, San Francisco

May 2, 2007
To Be Announced
Haya Rubin, MD, PhD, Palo Alto Medical Foundation

May 9, 2007
To Be Announced
Stephen Shortell, PhD, MPH, Dean of the School of Public Health at the University of California, Berkeley

May 16, 2007
Can We Better Understand the Value of New Medications by Creating Incentives for Better Clinical Trial Design?
Todd H. Wagner, CHP/PCOR Fellow

May 23, 2007
To Be Announced
Kirsten Bibbins-Domingo, MD, PhD, University of California, San Francisco

May 30, 2007
Prius-Style Health Care: A Hybrid Approach to Financing, Paying for, and Delivering Care
Hal Luft, PhD, University of California, San Francisco §

ABOUT the CENTER FOR HEALTH POLICY and CENTER FOR PRIMARY CARE AND OUTCOMES RESEARCH

The Center for Health Policy and the Center for Primary Care and Outcomes Research are sister centers at Stanford University that conduct innovative, multidisciplinary research on critical issues of health policy and health care delivery. Operating under the Freeman Spogli Institute for International Studies and the Stanford School of Medicine, respectively, the Centers are dedicated to providing public- and private-section decision makers with reliable information to guide health policy and clinical practice.

CHP and PCOR sponsor seminars, lectures, and conferences to provide a forum for scholars, government officials, industry leaders, and clinicians to explore solutions to complex health care problems. The centers build on a legacy of achievements in health services research, health economics, and health policy at Stanford University. For more information, visit our web site at http://healthpolicy.stanford.edu.