

Obesity: An Individual or Societal Problem?

Concerns surrounding obesity have been especially prominent in recent years, as more and more Americans are becoming obese. Obesity is associated with diseases such as diabetes, hypertension, and stroke—all of which generate large health care expenditures.

While studies on obesity have mostly focused on comparing health care expenditures of obese versus non-obese individuals to arrive at the cost of obesity, CHP/PCOR core faculty member **Jay Bhattacharya** has a different approach that involves decomposing expenditures into two parts—one part paid for by obese individuals themselves and a second part paid for by others.

Looking at a pooled health insurance environment where people pay the same premium regardless of their weight, Bhattacharya created mathematical models to predict whether having insurance pushes obese individuals to consume more food, thereby transferring the costs associated with their unhealthy eating habits onto thinner individuals, while also increasing the consumption of health care by the obese.

This pooled health insurance environment can be likened to a situation in which a group of people decide to go out to dinner and split the bill evenly.



PHOTO/AMBER HSIAO

JAY BHATTACHARYA poses early in the morning with his pedometer that tracks his progress toward the recommended goal of taking 10,000 steps per day.

“There are huge incentives to order the dessert or wine that you otherwise wouldn’t order if you just went out to dinner and didn’t split the bill evenly,” Bhattacharya said. “Because you are splitting the bill, everyone else is paying for the dessert and the wine, and you’d only be paying a fraction of it.”

Theoretically then, obesity might induce costs for other people, as health insurance is one mechanism by which people bear

Continued on page 3

Panel Discusses Issues in Disaster Preparedness

Speakers and guests gathered in mid-November at the Freeman Spogli Institute for International Studies (FSI) Second Annual International Conference. Break-out sessions were part of the event, one of which was entitled “Pandemics, Infectious Diseases, and Bioterrorism,” chaired by CHP/PCOR director and core faculty member **Alan M. Garber**.

Panelists included Michael T. Osterholm, professor at University of Minnesota, who

was invited by FSI to give the keynote address at CHP/PCOR’s suggestion; Lawrence M. Wein, professor at the Stanford Graduate School of Business; and **Douglas K. Owens**, CHP/PCOR core faculty member. Panelists discussed preparedness for pandemic influenza and other large-scale epidemics.

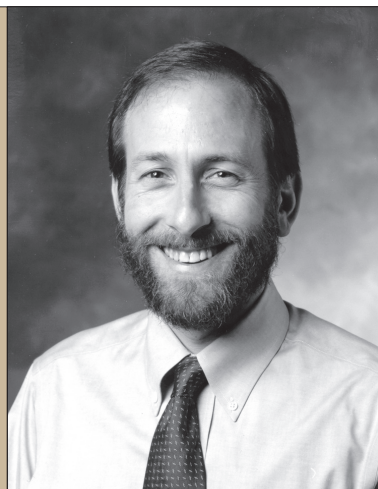
“The panelists presented perspectives on ways to prepare for the outbreak of pandemic flu and other emerging infections,” Garber said. “The session was stimulating, sobering, and highly informative.”

Continued on page 10

INSIDE THIS ISSUE

Dear Reader.....	2
Chronically Ill Children.....	5
Research in Brief.....	6
Fall Quarter Publications.....	7
New Staff Spotlights.....	8–9
Announcements, News, Grants.....	11
Children’s Health Policy Forum.....	12
Fall Lectures, and More.....	13
Scholarly Concentration.....	14
Published Paper Presentations.....	15
RIP Seminars.....	16
Fellowships.....	17
Upcoming Events, About.....	18

Dear Reader



On behalf of CHP/PCOR, happy new year! The last year was productive and eventful for our Centers, and health care has again moved to the forefront of national policy debates. Throughout 2007, we plan to continue to produce research that will inform those debates and to provide our readers with our findings. As always, we welcome your comments and suggestions about Center activities.

With this issue of the *Quarterly Update*, we introduce an updated look to the newsletter. In this issue, you will find broad news coverage of CHP/PCOR events and research. Core faculty members Jay Bhattacharya and Kate

Bundorf provide insights on the obesity epidemic and how the work of CHP/PCOR has provided a purview into how health policy and health insurance are structured to address the epidemic. There are no easy answers, but we hope that our research and analysis of such issues can help to better inform policy-making in the long run.

In addition, the newsletter contains summaries of fall quarter events, including the Freeman Spogli Institute for International Studies Second Annual Conference, where core faculty member Douglas K. Owens and I participated in a panel discussion on preparedness for pandemic influenza, an increasingly timely and challenging issue throughout the world. Other event coverage includes the new Stanford International Initiative event on children's health, the CHP/PCOR scholarly concentration within the School of Medicine, and a health forum where key stakeholders in children's health convened to discuss policy issues.

The newsletter also has a number of feature pieces, highlighting the research interests and background of two CHP/PCOR researchers—Commonwealth Fund Harkness Fellow Jonas Schreyögg and Research Assistant Kristen J. Chan.

This is just a sample of fall quarter

CHP/PCOR activities, and we hope that it will pique your interest in learning more about our Centers. Please feel free to provide feedback regarding the new format to our editor, Amber Hsiao, as we are open to suggestions and comments from our readers.

Have a wonderful 2007!

Warm regards,

Alan M. Garber

PEOPLE OF CHP/PCOR

Alan M. Garber
Director

Kathryn M. McDonald
Executive Director

Minjung Kwok
*Director of Administration
and Finance*

Vandana Sundaram
Assistant Director of Research

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

New Initiative Addresses Global Children's Issues

Members of the Stanford community gathered in November to participate in a panel discussion and event moderated by CHP/PCOR core faculty member **Paul Wise** following the film screening of *Their Brothers' Keepers: Orphaned by AIDS*. Panelists and audience members discussed the challenges of prevention and treatment of HIV/AIDS, and the role that Stanford University can play in bringing these issues to the forefront.

The film examines the complexities of HIV/AIDS in Africa, going to Chazanga Compound, a town in Lusaka, Zambia.

It follows two families in which children have become orphaned, as their parents have died of HIV/AIDS. Alternating between the stories of two child-headed families and how they fit into the larger issue of the HIV/AIDS epidemic, the film illuminates issues of food, water, health care, work, and schooling in spite of a fragmented health infrastructure.

While local and community workers try to provide support for such families, the system lacks adequate resources to deal with the problem effectively, and foreign aid continues to diminish.

As part of the newly-established Stanford University International Initiative, the event—entitled “Endangered Childhood: Disease, Conflict, and Displacement”—sought to generate interest in questions

of international health as portrayed by the film and otherwise. How might the University's unique position lend a hand in addressing such issues, and what can be done more effectively policy-wise to transform unfavorable outcomes?

“The topic was kids, but the problem for kids is generated by the parents. It's very hard to disconnect children from adult issues because it's almost always that they're poor because their parents are poor,” said Wise, who is also the coordinator of the Human Well-Being Working Group for the International Initiative.

“They're orphans by definition because their parents died. So, it's very important to think of this as a kids' issue related to pediatrics, but very quickly, it becomes

Continued on page 3

International Initiative, continued from page 2

an issue of women's health, of young men, and the social fabric of society."

While primarily focused on the plight of the orphans, the film raises many issues that illustrate how different disciplines intersect and affect one another.

"It's not just anthropology, it's not just pediatrics, it's not just HIV, it's not just infectious disease, but it's all of the above," Wise said. "And that's one of the reasons why we wanted to show a movie about [the intersection of disciplines] because one thing that Stanford could do is to bring the disciplines together better than many other academic universities."

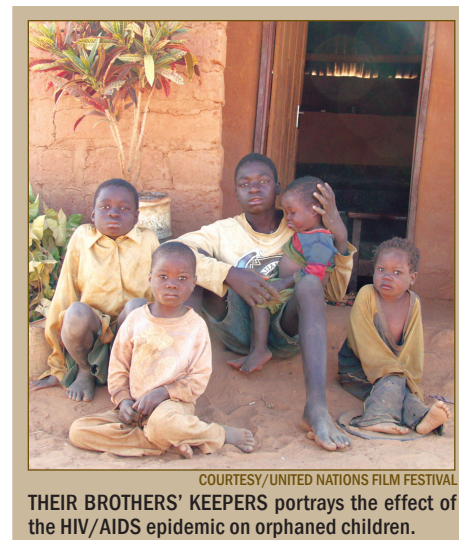
The Human Well-Being Working Group that Wise coordinates specifically tries to bring students and faculty together to expand engagement of international

issues and strategize ways to link improvements in the delivery of health care with political reform on a global scale. While the Stanford International Initiative is still in its early stages, the multidisciplinary approach may provide greater public interest and ignite more discussion on how to best address issues.

"We're trying to hold more of these events to generate more interest, get some education around these issues, and some excitement for international health issues at Stanford," Wise said. "In addressing these kinds of issues, I'm always looking for the involvement of others who are committed from other disciplines." §

* * * * *

Event panelists included Stephen Stedman, senior fellow at CISAC & FSI; Ruthann Ritcher, director of media relations at the Stanford School of Medicine;



COURTESY/UNITED NATIONS FILM FESTIVAL
THEIR BROTHERS' KEEPERS portrays the effect of the HIV/AIDS epidemic on orphaned children.

Ellen Schell, the international programs director of Global AIDS Interfaith Alliance; and Lucy Thairu, postdoctoral fellow at the Stanford School of Medicine Division of Infectious Diseases. *Their Brothers' Keepers* is directed by Catherine Mullins and produced by Green Lion Productions in association with Tèlè-Québec, HDNet, Knowledge Network, Canadian Learning Television, and SCN, with financial participation from the Government of Canada.

Obesity, continued from page 1

the burden of costs of other people's actions. If one were to compare the difference between health expenditures in pooled health insurance environments—like Medicaid and Medicare—versus health expenditures of people in a similar non-pooled environment, the difference would give a sense of how much extra was charged in one environment compared to the other.

However, Bhattacharya explains that studies up to this point have not made the distinction between what economists call "external costs" and "internal costs." This distinction shows that the overall net effect on society—the "welfare cost"—is negligible. Bhattacharya tried to measure how much of the external costs were borne by others.

"Homer Simpson would eat the same number of jelly donuts whether or not he has health insurance. Health insurance does not make him fat," Bhattacharya said. "Suppose we're in this pooled health insurance environment and suppose that health insurance doesn't cause you

to change what you eat or to exercise more. You pay, say \$100 more [for costs associated with my obesity], I get that \$100, and on net, society is even. You're \$100 poorer, I'm \$100 richer; net worth is \$0. There is no change to social welfare, assuming there is no change in my behavior or exercise as a result of being in this pooled environment."

In this case, because obese individuals' eating decisions are not influenced by whether they are in a pooled health insurance environment, there is no social loss to society.

"The punch line to this paper is that if you try and measure how much other people pay for health insurance costs—say, an obese individual spends \$750 more each year on health care than a thinner individual—you might think that it would be worthwhile to prevent the obese from being overweight," Bhattacharya said. "But in fact, the real welfare costs—the cost borne by you rather than the individual—is about a third of that. It's a fraction of the cost."

From a societal standpoint, it may be harder to make the argument that the public should intervene and find ways to help obese individuals lose weight, since there is virtually no extra cost to society.

"If I face all the costs . . . of eating jelly donuts, who are you to say I should not be eating them?" Bhattacharya said. "On the other hand, if I eat lots of jelly donuts and force you to pay for it, then there's an argument that you ought to stop me from eating so many jelly donuts."

PRICE OF OBESITY PAID THROUGH LOWERED WAGES

While health insurance may not directly affect how an obese individual decides to eat, employee wages are indirectly linked to health insurance. In another paper, Bhattacharya and CHP/PCOR fellow **Kate Bundorf** looked at health care costs and wages of obese versus non-obese individuals with health insurance. Various studies have shown that obese people earn less than thinner people

Continued on page 4

Obesity, continued from page 3

of equivalent experience and education, even after controlling for all other factors.

“However, that’s only true in jobs that provide health insurance,” Bhattacharya said. “In jobs that don’t provide health insurance, there’s no difference in the wages of obese and thinner workers even if you control for differences.”

One reason obese individuals earn less is that they cost more to cover. Premiums paid in jobs that offer health insurance are the same—meaning, premiums are not determined based on whether an individual is obese.

“Nominally, it might look like there is pooling,” Bhattacharya said. “But in fact, via the wage mechanism, the pooling is undone because the obese individuals end up being paid less, and in fact are paying for their health care costs through their wages. The incentives for private health insurance companies are muted because of the wage offset. Even though *de jure* they’re not setting a wage offset for obesity via the health insurance premium, the wage offset does that *de facto*.”

Ethical issues then arise as to whether obese individuals are aware of the wage mechanism, and how to best structure incentives to address the obesity issue.

“When you’re talking about food, you have to be very careful, especially when it comes to the poor. The problem is that even junk food can be good for you if it’s the only food you’re eating.” —Jay Bhattacharya

“The debate is whether people actually realize that they are paying for their health care costs through their lower wages,” Bundorf said. “What are the right incentives and are they fair? Some think that obese individuals should pay more for health insurance because it gives them an incentive to care more about their health. But, maybe obesity is beyond your control and maybe you have a genetic disposition that you want health insurance to cover. How you view the extent to which obesity is due to certain factors influences how you perceive what the right incentives are.”

FINDING THE RIGHT INCENTIVES

While finding the right incentives or charging a premium based on weight is a complex topic, public interventions have sought to reduce the rates of obesity. Taxing junk food has been one prominent way that people have been pushing to attack the obesity epidemic.

However, such taxes could be harmful to poor people. A study published last year—with Bhattacharya as a co-author—compared cities that had a very high price of ground beef versus cities with a low price of ground beef. Within the cities, Bhattacharya—along with

RAND economist Darius Lakdawalla and University of Chicago economist Tomas Philipson—looked at poor kids and poor adults, finding that the rates of anemia in kids are much higher in the cities with a high price of ground beef versus in cities where it had a low price.

Roughly speaking, a 10 percent increase

in the price resulted in about a 1 point increase in the prevalence of anemia, and similar effects have been observed with the prices of oranges and vitamin C deficiency, according to Bhattacharya.

“When you’re talking about food, you have to be very careful, especially when it comes to the poor. The problem is that even junk food can be good for you if it’s the only food you’re eating. If it’s the difference between not eating at all and eating junk food, then you’d rather have the junk food,” Bhattacharya said. “Another way to put it is that it’d be a really good idea to tax the 3000th calorie you eat, but it’d be a really bad idea to tax the first calorie you eat.”

Pooled health insurance plans such as Medicaid pose a similar problem. Poor people in these public health insurance programs are already strapped for money, so charging high premiums would not make sense. Thus, finding ways to provide incentives for obese individuals in this type of pooled health insurance environment can be even more difficult.

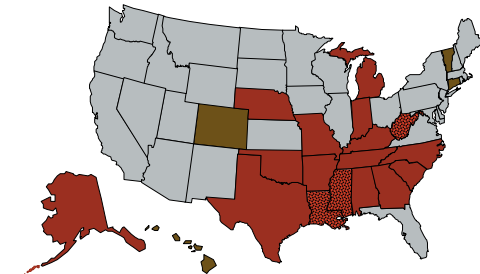
Nevertheless, incentives can be set up to reward individuals who stay at a healthy weight. Bhattacharya points to the success of the 10,000 steps a day program for elderly adults in Japan. The 10,000 steps concept encourages people to use electronic pedometers to keep track of how many steps they take each day to counteract sedentary lifestyles and promote healthy living.

“If you can create change [in a positive way], and a desire for people to want to be healthier, then I think that’s perfectly justified and a really good idea,” Bhattacharya said. “Enabling people to make better decisions about their health privately and figuring out ways to motivate people to care about their health is really the right way to go.” §

Obesity Trends* Among U.S. Adults

BRFSS, 2005

(*BMI = 30, or ~ 30 lbs overweight for 5' 4" person)



Legend: No Data, <10%, 10%–14%, 15%–19%, 20%–24%, 25%–29%, ≥30%

Source: Behavioral Risk Factor Surveillance System (BRFSS), CDC



Chronically Ill Children Still Fall by the Wayside, Wise Talks About Influences for Research on Children's Health Policy

In spite of medical technology and advances, chronic diseases continue to take a toll on the health of children. CHP/PCOR core faculty member Paul Wise shares his thoughts on chronic illnesses in the United States compared to what is observed in the rest of the world.

In the United States, mortality rates for children have decreased drastically. Especially within the past 20 to 30 years, the likelihood of a child dying from an acute illnesses has become an unusual occurrence.

"It used to be that most kids died from acute illnesses, such as polio, pneumonia, meningitis. Those things don't happen very much anymore," Wise said. "Trauma and injuries are still a big deal, but what continues to hurt kids is chronic disease, more so than acute disease."

Chronic diseases, including diabetes, arthritis, birth defects, and cancer, are long-term conditions requiring ongoing care. As a pediatrician, Wise is focused on trying to provide data that will help shift policies to more effectively respond to these types of pediatric challenges rather than old ones.

Wise travels regularly to countries such as Guatemala to teach and collaborate with health promoters to develop health programs in reducing health disparities. Stanford and Harvard University med school students accompany Wise to rural centers in the country to provide direct clinical care to patients and learn about the relationships between poverty, community development, and health.

"Almost all of my work is focused on inequities," Wise said. "My primary focus is that there is equitable provision of whatever capacity we have here in the States as well as overseas."

Pediatric issues observed in the States are not always mirrored internationally. In poorer countries, a large percentage of mortality that affects children is

due to preventable conditions such as malnutrition and parasitic disease, which are rare in the States. Lack of efficient mechanisms for delivery of care keeps children in countries like Guatemala from obtaining proper care.

"In Guatemala, access to care is very episodic," Wise said. "There may be a place to go if you get really sick, but there's no such thing as well-child care. They have to get pretty sick before they wind up seeing a doctor, and many never see a doctor, so it's a very different scene."

Differences in the prevalence of chronic conditions like learning disorders are also evident, but this is in part due to changes in the ability of pediatricians to make specific diagnoses. In the United States, parents are more aware of learning disorders, so the condition will

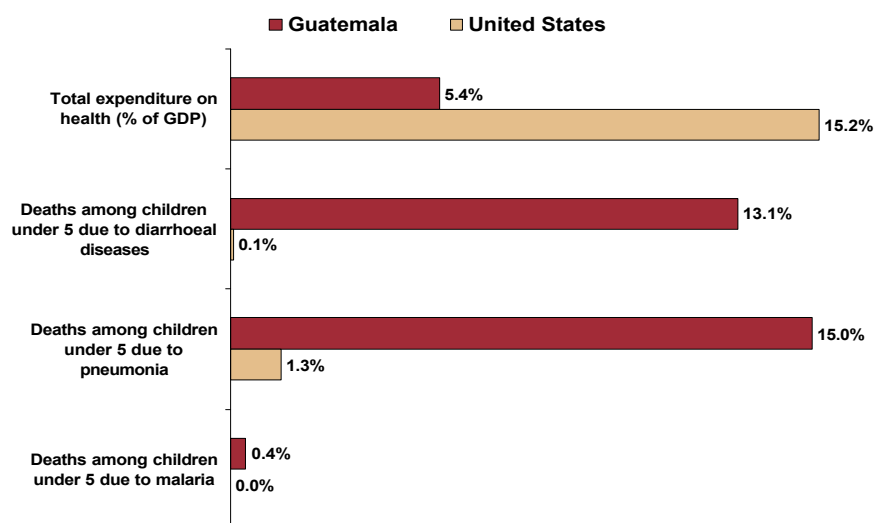
be brought to the attention of pediatricians. A subtle learning disorder is more easily identified as perceptions and abilities to diagnose conditions change, thereby increasing the prevalence of such illnesses, according to Wise.

"In Guatemala, there's no learning disorder clinic because most of the kids will be lucky if they go to school at all," Wise said. "But, I'm sure learning disorders are prevalent if not more so there than they are here—it's just there's no reason to test for it because there's no access to the needed response."

"In the States, you have special classes and tutorial help; in Guatemala, most of the kids are in school until about third grade, and if they're going to stay longer, there's certainly no special education classes."

Continued on page 7

Percentage of Deaths from Selected Core Health Indicators, United States and Guatemala, 2000



Source: World Health Organization Statistical Information System, "World Health Statistics 2006" and "The World Health Report, 2006 Edition"

RESEARCH IN BRIEF

HUMAN GROWTH HORMONE

The use of human growth hormone (HGH) for anti-aging has been a relatively new occurrence even though growth hormone treatments have been around since the 1960s.

However, whether HGH actually produces anti-aging effects in the adult population has been of concern for researchers, and is a topic of investigation by CHP/PCOR fellow **Hau Liu** and colleagues.

Though HGH was originally extracted from the pituitary gland of cadavers, HGH is now made in the lab through recombinant methods that synthesize the same amino acids as are in our bodies. Children who lack growth hormone do not grow, so the approved use by the Food and Drug Administration (FDA) has mostly been in the pediatric population.

“Once the drug has been approved by the FDA, a doctor can prescribe it off-label for almost any reason. Whether it gets reimbursed is another matter,” Liu said. “You often hear about its use for sports enhancement and anti-aging, so there are a variety of situations where it might be used off-label.”

While off-label use does occur, HGH is a very expensive drug that costs anywhere from \$10,000 to \$30,000 a year. The price depends on a number of factors, including the country where use occurs and the size of the child.

Since there are strict medical definitions of growth hormone deficiency and insurers typically only reimburse patients when these definitions are met, most who receive HGH therapy meet the medical definition of being growth hormone deficient, according to Liu. However, off-label uses still persist, especially in the elderly population.

“People think growth hormone has more subtle effects on the body once you’re an adult and may help preserve muscle and decrease fat,” Liu said. “Our paper specifically evaluated its use in the healthy elderly population for this anti-aging phenomenon.”

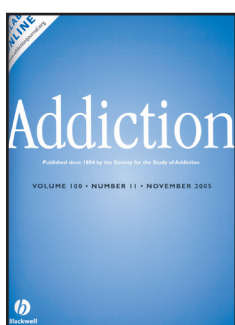
Use of HGH for anti-aging properties has been popularized by the mainstream press in books with titles such as *The Search for Eternal Youth*.

Liu H, Bravata DM, Olkin I, Nayak S, Roberts B, Garber AM, Hoffman AR. Systematic review: The safety and efficacy of growth hormone in the healthy elderly. *Annals of Internal Medicine* 146, no. 2 (2007): 104–115.

“We did this study to evaluate the evidence for use of this agent for anti-aging because you read in the newspaper and in the lay literature about how a lot of people are using growth hormone for anti-aging,” Liu said.

“We examined the literature to see if there’s any evidence that suggests: first, that it can reverse aging; second, if there are any benefits; and third if there is any harm.” §

The results of Liu’s study were published on January 15, 2007 in the *Annals of Internal Medicine*. The abstract of the study was presented at the Endocrine Society Annual Meeting in June of 2006. Other CHP/PCOR members who contributed to the study include research associate **Dena M. Bravata**, research fellow **Smita Nayak**, faculty member **Ingram Olkin**, and director & core faculty member **Alan M. Garber**.



Moos RH, Moos BS. Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction* 101 (2006): 212–222.

Gifford EV, Ritsher JB, McKellar JD, Moos RH. Acceptance and relationship context: A model of substance use disorder treatment outcome. *Addiction* 101 (2006): 1167–1177.

entitled “Rates and predictors of relapse after natural and treated remission from alcohol use disorders,” began in 1984 and identified a group of individuals with alcohol use disorders who had never been in treatment. The findings

revealed that self-treated individuals who obtained no help were less likely to recover and more likely to relapse than those who either obtained treatment or participated in Alcoholics Anonymous.

Another study—entitled “Acceptance and relationship context: A model of substance use disorder treatment outcome”—looked at 15 nationwide substance abuse programs over the course of five years to try and understand how different treatments affect substance use disorders in the long run. It found that treatments that emphasized

building constructive relationships helped patients respond better to their cravings, develop abstinence-oriented, supportive relationships with family members and friends after treatment, and achieve better outcomes.

“The relationship aspects of treatment for substance use disorders are particularly important in initiating a process that moves patients toward recovery,” Moos said. “Providers need to better understand the importance of patients’ alliance to treatment. In addition, counselors should make extra efforts to motivate individuals with substance use disorders to get some sort of regular help.” §

Rudolf H. Moos is a senior research career scientist at the Veterans Affairs Palo Alto Health Care System and a professor of psychiatry and behavioral sciences at Stanford University. The 5-year study was published in the August 2006 issue of *Addiction*. The 15-year study was published in the February 2006 issue of *Addiction* and led Hazelden Foundation to name Dr. Moos the Dan Anderson research awardee for 2006.

TREATING SUBSTANCE ABUSE

Many studies have tried to identify the most effective way to treat patients with substance use disorders. However, long-term studies are less common in the field, and the vast majority of studies have been conducted on patients who have been in treatment several times, many of whom are “treatment failures.”

CHP/PCOR associate **Rudolf H. Moos** has been involved in two long-term studies with significant findings. The first 15-year study,

Children's Health, continued from page 5

Wise notes that there are some public health interventions, such as immunizations, that are adequate in Guatemala, but the overall health infrastructure is virtually nonexistent. Health insurance for the most part is only available to the wealthy, government employees, or to those that are part of the social security system.

"The breakthrough here in the United States was Medicaid because it basically attempted to provide health insurance that would provide similar or the same level of services as somebody who, say, has private insurance. It's been wildly successful in ensuring access—all the indicators have improved," said Wise. "But now, there is risk that it's going to unravel and for reasons that are not based on concern for the well-being of kids."

Without health care, dealing with acute and chronic illnesses becomes all the more difficult. While programs like Medicaid have provided better access to care and prolonged life for many children with chronic illnesses, the same conditions are not always as effectively addressed overseas. In Guatemala, diagnosis of chronic illnesses are often overshadowed by diagnosis of acute illnesses, since acute ones must be dealt with first.

"We save children pretty effectively here in the United States, but overseas the prevalence of chronic disease in older children is relatively low because they die very young," Wise said. "Our concern is that policies and the practice of pediatrics haven't caught up with the changing epidemiology and changing patterns of mortality, and that really hurts kids." §

FALL QUARTER PUBLICATIONS

Bhattacharya J, Goldman D, McCaffrey D. "Estimating probit models with self-selected treatments." *Statistics in Medicine* 25, no. 3 (2006): 389–413.

Bravata DM, Owens D, Holty JE, Wise PH, Wang E, McDonald K. "Inhalational, gastrointestinal, and cutaneous anthrax in children: A systematic review of cases from 1900 to 2005." *Archives of Pediatrics & Adolescent Medicine* (In Press).

Bravata DM, Wang E, Holty JE, Lewis R, Wise PH, Nayak S, Liu H, McDonald KM, Owens DK. "Pediatric anthrax: Implications for bioterrorism preparedness." *Evidence Report/Technology Assessment* no. 141 (Prepared for the Agency for Healthcare Research and Quality by the Stanford-UCSF Evidence-Based Practice Center, under Contract No. 290-02-0017). AHRQ Publication No. 06-E013. Rockville, MD: Agency for Healthcare Research and Quality. (August 2006).

Bravata DM, Sundaram V, Lewis R, Gienger A, Gould MK, McDonald KM, Wise PH, Holty J-EC, Hertz K, Paguntalan H, Sharp C, Kim J, Wang E, Chamberlain L, Shieh L, Owens DK. *Asthma Care*. Vol. 5 of: Shojania KG, McDonald KM, Wachter RM, Owens DK, eds. "Closing the quality gap: A critical analysis of quality improvement strategies." *Technical Review* 9 (Prepared by the Stanford University-UCSF Evidence-Based Practice Center under Contract No. 290-02-0017). AHRQ Publication No. 04(07)-0051-5. Rockville, MD: Agency for Healthcare Research and Quality. (December 2006).

Bravata DM, Zaric GS, Holty JE, Brandeau ML, Wilhelm ER, McDonald KM, Owens DK. "Reducing mortality from anthrax bioterrorism: Strategies for stockpiling and dispensing medical and pharmaceutical supplies." *Biosecurity and Bioterrorism* 4, no. 3 (2006): 244–262.

Buckridge DL, Owens DK, Switzer P, Frank J, Musent MA. "Evaluating detection of an inhalational anthrax outbreak." *Emerging Infectious Diseases* 12, no. 12 (2006): 1942–1949.

Eggleston K, Shen YC, Lau J, Schmid CH, Chan J. "Hospital ownership and quality of care: What explains the different results?" *NBER Working Paper* #12241 (2006).

Enthoven AC, Fuchs VR. "Employment-based health insurance: Past, present, and future." *Health Affairs* 25, no. 6 (2006): 1538–1547.

Fleegler E, Lieu T, Wise PH, Muret-Wagstaff S. "Families' health-related social problems and missed referral opportunities." *Pediatrics* (In Press).

Gaba D, Singer SJ, Rosen A. "Safety culture research: A call for better and broader analytical methods." *Critical Care Medicine* (Forthcoming).

Haberland C, Phibbs C, Baker L. "Effect of opening midlevel neonatal intensive care units on the location of low birth weight births in California." *Pediatrics* 118, no. 6 (Dec. 2006): e1667–1679.

Hoch J, Smith MW. "A guide to economic evaluation: Methods for cost-effectiveness analysis of person-level data." *Journal of Traumatic Stress* 19, no. 6 (In Press).

Ilgen M, Tiet Q, Finney J, Moos R. "Self-efficacy, therapeutic alliance, and alcohol use disorder treatment outcomes." *Journal of Studies on Alcohol* 67 (2006): 465–472.

Kimerling R, Ouimette P, Prins A, Nisco P, Bolinske C, Cronkite R, Moos R. "Utility of a short screening scale for DSM-IV PTSD in primary care." *Journal of General Internal Medicine* 21 (2006): 65–67.

Long EF, Brandeau ML, Galvin CM, Vinichenko T, Tole SP, Schwartz A, Sanders GF, Owens DK. "Effectiveness and cost-effectiveness of strategies to expand antiretroviral therapy in St. Petersburg, Russia." *AIDS* 20, no. 17 (2006): 2207–2215.

McDonald KM, Romano P, Davies SM, Haberland C, Geppert JJ, Ku A, Choudhry K. "Measures of pediatric health care quality based on hospital administrative data." Agency for Healthcare Research and Quality (2006).

McKethan A, Gitterman D, Feezor A, Enthoven A. "New directions for public health purchasers? Responses to looming challenges." *Health Affairs* 25, no. 6 (2006): 1518–1528.

Continued on page 10



PHOTO/AMBER HSIAO

Schreyögg's Travels, Civil Service Shape Academic Choices and Health Care Research Interests

As the 2nd Commonwealth Fund Harkness Fellow to conduct research based out of CHP/PCOR, Jonas Schreyögg joins us as a visiting fellow for the 2006 to 2007 academic school year. He is a senior lecturer in the department of health care management at the Berlin University of Technology in Germany.

INFLUENCES AND BACKGROUND

Schreyögg describes going to boarding school at the age of 15 in England where he took business and economics courses that appealed immediately to his interests. Years later, his health care interest developed when he worked with schizophrenic people in a long-term care setting during his one year of compulsory civil service.

"Dealing with the accommodations for schizophrenic people was a very hard experience, but very interesting," Schreyögg explains. "I mainly went with [them] to the doctor and to the hospital. If they were having psychotic episodes, then I would have to bring them to the hospital. I also had night shifts where I had to look after patients and give them medication if they required it."

After civil service, Schreyögg completed his bachelor's and master's degrees, and worked for two pharmaceutical companies. At Bayer in Singapore, he worked as a trainee on strategic projects, analyzing use of marketing strategies to enhance access to products for people in countries including Indonesia and Malaysia. At Schering in Taiwan, he studied the impact of pharmaceutical regulations on the behavior of such companies. He then went back to Berlin for his PhD, with a research focus on Medical Savings Accounts in Singapore.

At his post at Berlin University, Schreyögg applied for the Harkness program for the opportunities it offered to its fellows, such as symposiums and conferences for training, as well as a change of location.

"I wanted to experience how life was like here in the States. The Commonwealth Fund connected me to different people, but I finally decided to go to Stanford," he says. "I found that this center is quite interesting because it's very broad. It's a good mixture of people of medical, economics, and business backgrounds. Also, my area of research is something [CHP/PCOR director] Alan Garber has experience in."

When asked how his experience of living in the States has been up to this point, Schreyögg says, "Coming to Stanford was a big change for me because Berlin is a big town, with 3.5 million people living there. In comparison, Stanford is actually on the countryside, but that's what I intended to do—I wanted to experience the university life. I very much enjoy the atmosphere of the Stanford Campus and the Bay Area in general."

RESEARCH FOCUS

While at Stanford, Schreyögg will be collecting data and analyzing the productivity of German versus U.S. hospital systems. He hopes to compare the costs of different episodes of care between the two countries, as well as across hospitals in the same country. Three episodes of care were selected for cost comparison—appendectomies, hip replacements, and acute myocardial infarctions.

Hospital data from Germany has already been collected, but access to the Veterans Affairs (VA) hospital data is a longer process; Schreyögg will hopefully have access to the database in January and will then finish sorting data and run different kinds of analysis.

"I expect that the results will show that VA hospitals are an exception because they are more productive and cheaper than other hospitals in the States," Schreyögg says. "But, they are still more expensive than German hospitals because, for example, I suspect that just staff is more expensive, and there are more expensive procedures performed in the United States, like stents."

Studies comparing health care expenditures across countries have been done in the past, but Schreyögg's research will provide more detailed data. So far, cross-country comparisons take place on a very aggregate basis, often based on the Organization for Economic Cooperation and Development (OECD) database, Schreyögg says.

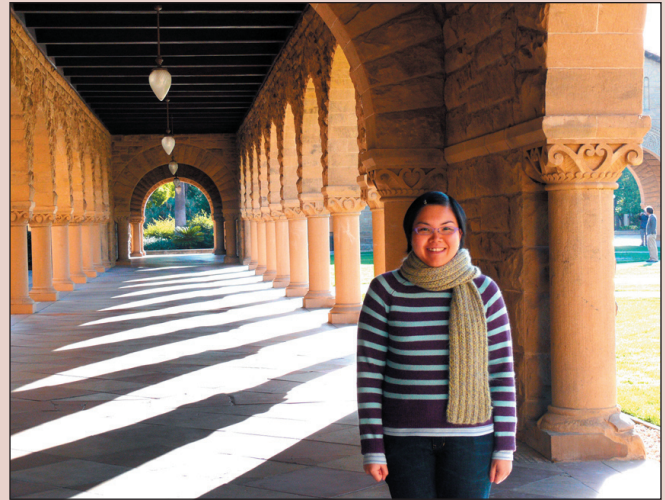
The OECD database allows users to see what percentage of gross domestic product is spent on, say, health care or pharmaceuticals, but it does not provide detailed itemizations of spending in such categories.

"The interesting thing about this study is that it will give policymakers, decision makers in general, and managers the possibility to look deeper," Schreyögg says. "It will allow for more qualified statements like, 'Okay, hospital costs in the States are higher because there are a lot more procedures performed. That may also be due to different incentive structures compared to Germany.'"

Schreyögg is optimistic that the study will have influence in policymaking and push the OECD or other international organizations to conduct more in-depth studies for quantified comparisons of health care systems. §

Chan Joins Research Staff With an Entrepreneurial Spirit and Commitment Toward Health Equity

New staff member Kristen T. Chan shares with us her interest in multidisciplinary research, as well as her passion for design and creative processes.



PHOTO/AMBER HSIAO

CHP/PCOR research assistant Kristen T. Chan brings a wide range of experience to the table. Originally from Toronto, Canada, Chan has been working with CHP/PCOR core faculty member Paul Wise since arriving in July 2006 on a variety of projects, including those on children's health, global health, and health inequities.

Chan received her Masters of Applied Science in Chemical Engineering in 2004 at Ryerson University in Toronto. As a graduate student, her research focus combined the fields of chemical engineering and nutritional science.

She explains that this multidisciplinary approach involves "research on phase separation in polymer and food biopolymer mixtures using mathematical modeling techniques borrowed from chemical engineering and applied to food science."

"My research was driven by the need to develop low-fat food that would be healthier and tasty. With such health issues as obesity and diabetes on the rise, the goal of this research was to help provide healthier food choices in the market using biopolymer mixtures that replace and mimic the properties of fat, but without the calories," Chan explains.

Chan's work was presented at the 6th Annual International Hydrocolloids Conference in Guelph, Ontario, and gained much attention among scientists, researchers, and academics.

The innovative method of using modeling and computer simulations to predict

microstructure formation in biopolymer mixtures applied the techniques of chemical engineering to food science research, and this had not yet been done before, according to Chan.

"What led me to CHP/PCOR was my interest in making a meaningful contribution through research and policy to help those most in need," Chan said. "In particular, having the opportunity to work with Dr. Paul Wise whose research combines social justice, advocacy, and children's health issues were especially appealing to me—issues that I feel very passionate about."

Having worked with numerous organizations in Canada, Chan has ample experience when it comes to dealing with the interplay of social justice and advocacy in the real world. She has served as a volunteer for organizations such as the Chinese Canadian National Council Toronto Chapter and the Asian Community Aids Services.

"I took part in various activities in these organizations such as promoting Asian culture, helping the Asian community find ways to combat discrimination, mentoring, as well as fundraising for various programs offered at these centers," Chan said.

Her passion for social justice and advocacy had also propelled her to take active roles in helping to fundraise for The Red Door, a women's shelter in Toronto that helps women and children who have been victims of violence.

Aside from her philanthropic passions, Chan was also kept busy prior to moving to California with a start-up T-shirt design company based in Toronto, called Oogle. As president and creative designer, Chan familiarized herself with all aspects of running of successful business.

"It was a lot of fun and I enjoyed being creative and designing t-shirts," Chan exclaims.

Oogle started out as a personal interest, but a quick rise in popularity led to lots of interest within the community. The company received mentions in media outlets including Canadian magazines *NOW* and *Esteem*, New York magazine *Steppin' Out*, Toronto *Metro* newspaper, and a Toronto blog named *blogTO*. Oogle was also contacted by fashion and media companies such as Knight Enterprises, *LOULOU* Magazine, and *Blink TO*, requesting photo shoots for Oogle products.

While Chan admits that she misses Toronto, she is adjusting to California life and finding her place within the Stanford community.

"I miss being an active part of the community, both in the creative arts, and social justices and advocacy work that I did as a volunteer when I lived in Toronto," Chan says. "I am actively working on getting more involved in the community here in the Bay Area now that I call this home." §

Disaster Preparedness, continued from page 1

One attendee, **Kathryn M. McDonald**, executive director of CHP/PCOR, noted that “a provocative point made in the session by several of the speakers was that infectious disease outbreaks of the magnitude discussed could threaten national security. Therefore, discussions limited only to public health circles are unlikely to attract enough resources for adequate preparation and response.”

Osterholm discussed the concept of risk and the need to address growing resistance to antibiotics in populations, as well as how to best address a biological attack without actually being able to predict when or where one might occur.

“Developing a new vaccine will probably not be as effective a strategy—at least initially—because it will take at least six months to produce,” Garber said. “Antiviral drugs have unknown efficacy and may help, but are not a substitute for other strategies to prevent and control transmission.”

Wein expanded on this part explaining how our health care system might be impacted by a pandemic flu. Without a vaccine ready, the hospital system can become overwhelmed, causing care of patients to shift to the home. This raises policy questions about what the general population should or can do around the

home with non-pharmaceutical protection to help control a pandemic.

“General disaster preparedness will be critical,” Garber said. “An influenza outbreak comparable to the pandemic influenza of 1918 would result in severe economic dislocation and could disrupt transportation and food supplies, and close schools and businesses.”

Owens presented a study with data on syndromic versus traditional surveillance. Syndromic surveillance consists of doing surveillance for symptoms that can be caused by any of the list of bioterrorism agents, rather than for specific diseases. A mathematical model was created to detect if syndromic surveillance might be more effective in halting the spread of anthrax, finding that it does detect cases earlier, but with a modest benefit, according to Owens.

“There haven’t been many evaluations of syndromic surveillance, and you can’t evaluate it except by simulation because there haven’t been any bioterrorism attacks,” Owens said. “Our main message is not 100 percent clear how much of this would benefit us, but it’s a yellow light—it’s not obvious that [syndromic surveillance] is going to be great.”

Detection could occur a day earlier at best,

depending on how many “false alarms” the systems allows for. If sensitivity for the surveillance system is increased, more false alarms will appear, and this can have an impact on the health system at large.

“Maybe false alarms are a big deal depending on what you do,” Owens said. “You have to investigate; it might be expensive. There are a lot of costs associated with these systems. You’ve got to put together the data, collect it, get it to the right people, and analyze the results close to real-time. Certainly, these things need to be more carefully evaluated.”

The panel raised questions regarding the effectiveness of preparation and how policymakers might best address such problems. The need for effective disease surveillance systems, preparedness of local health authorities, and greater public education to respond to a disease outbreak was emphasized by the panel.

“Effective preparation would require a major investment of time on the part of government authorities at all levels—businesses, schools, and the public,” Garber said. “And that time to prepare is well in advance of a disease outbreak.” §

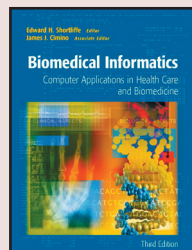
* * * * *

Conference audio recordings, agenda, and speaker biographies may be listened to and viewed at: <http://fsi.stanford.edu/news/922/>.

Publications, continued from page 7

Qaseem A, Snow V, Fitterman N, Hornbake ER, Lawrence VA, Smetana GW, Weiss K, **Owens DK**, et al. “Risk assessment for and strategies to reduce perioperative pulmonary complications for patients undergoing noncardiothoracic surgery: A guideline from the American College of Physicians.” *Annals of Internal Medicine* 144, no. 8 (2006): 575–80.

Schünemann H, Jaeschke R, Cook D, Bria WF, Fahy BF, El Solh AA, Ernst A, **Gould MK**, et al., on behalf of the ATS Documents Development & Implementation Committee. “An official ATS statement: Grading the quality of evidence and strength of recommendations in guidelines.” *American Journal of Respiratory and Critical Care Medicine* 174 (2006): 605–614.



Biomedical Informatics: Computer Applications in Health Care and Biomedicine, edited by Edward H. Shortliffe and James J. Cimino, 3rd edition.

Several CHP/PCOR faculty played key roles as authors in the 3rd edition of this textbook that has served as a core reference for graduate training programs in medical informatics. CHP/PCOR authors include **Alan M. Garber**, **Douglas K. Owens**, **Sara J. Singer**, and **Alain C. Enthoven**.

Wang E, **Chan J**, Saynina O, **Wise PH**. “Trauma center utilization for children in California: 1998–2004.” *Academic Emergency Medicine* (In Press).

Wise PH. “Chronic illness.” In *Nelson’s Textbook of Pediatrics* by Behrman RE,

Kliegman R, Jenson HB, eds. Philadelphia: W.B. Saunders Company, (In Press).

Wise PH, Richmond JB. “The history of child development policy in the United States.” In *Child Development* by Perrin E, ed. (In Press). §

FALL QUARTER ANNOUNCEMENTS

CHP/PCOR senior research scholar **Sara J. Singer** successfully defended her dissertation prospectus at Harvard University in October. Stemming from her research with the Stanford patient safety team—all of whom were co-authors of the paper—Singer investigated the elements of organizational culture that impact patient safety in 92 randomly selected hospitals, exploring and testing a new framework for safety culture.

CHP/PCOR adjunct associate **Terkel Christiansen** has taken up the program chair position for the International Health Economics Association's 6th World Congress in Copenhagen, July 8–11, 2007.

Moirra McKinnon is the new CADMA and CDEHA manager on the CHP/PCOR research staff. Originally from Montana, Moira is a 2002 Stanford University graduate, with a bachelor's degree in History, Literature, and Arts. Over the past few years, she has worked with the Stanford Business School's Executive Education group and has been an assistant team leader at a therapeutic boarding school in Montana.

Amber Hsiao is the new CHP/PCOR information editor/external relations coordinator. In May, she completed her bachelor's degrees in Mass Communications and Public Health from the University of California, Berkeley, and has worked for various publications during college. Most recently, she served as an intern in the Women's Health Policy program area and KaiserEDU.org at the Henry J. Kaiser Family Foundation.

Jason Fong-Gi Lee is a new research assistant for the CHP/PCOR research staff, working on health care quality projects. Jason holds a bachelor's degree in molecular & cell biology from the University of California, Berkeley, and an MPH from Yale University. He has worked for a number of organizations, including the World Health Organization, and most recently served as a graduate fellow at the Institute of Medicine.

Yoko Ogawa is the new office manager of the Veterans Affairs Health Economics Resource Center, one of CHP/PCOR's affiliated centers. She earned a bachelor's degree in science from the University of California, Berkeley, and has worked as a technical librarian and office manager in Silicon Valley. §

RECENT CHP/PCOR GRANT SUBMISSIONS

"Antiretrovirals and the AIDS Epidemic in Africa"

Funding: National Institutes of Health
Principal Investigator: **Jay Bhattacharya**
Project Period: Apr. 1, 2007–Mar. 31, 2010

"Behavioral Obstacles to the Scale-Up of ART in Resource-Poor Settings"

Funding: Doris Duke Charitable
Principal Investigator: **Grant Miller**
Project Period: May 15, 2007–May 14, 2008

"Measuring and Modeling Human Capital Development in Early Life in Rural Colombia"

Funding: SPHERE Subcontract
Principal Investigator: **Grant Miller**
Project Period: July 1, 2007–June 30, 2008

"The Human Costs of Economic Volatility: Infant and Child Survival"

Funding: National Institute of Child Health and Human Development
Principal Investigator: **Grant Miller**
Project Period: July 1, 2007–June 30, 2009

"External Costs of Obesity"

Funding: National Institute of Aging
Principal Investigator: **Jay Bhattacharya**
Project Period: July 1, 2007–June 30, 2009

"Making Better Decisions: Policy Modeling for AIDS and Drug Abuse"

Funding: National Institute on Drug Abuse
Principal Investigator: **Douglas K. Owens**
Project Period: July 1, 2007–June 30, 2012

"Women's Empowerment and Child Survival in the Historical United States"

Funding: National Institute of Child Health and Human Development
Principal Investigator: **Grant Miller**
Project Period: July 1, 2007–June 30, 2009

"Toward a Gold Standard for Safety Culture Measurement"

Funding: Agency for Healthcare Research and Quality
Principal Investigator: **Laurence C. Baker**
Project Period: Oct. 1, 2007–Sept. 30, 2010

Continued to Grants Awarded on page 17

FALL MEDIA MENTIONS

CHP/PCOR core faculty member **Alain C. Enthoven** was quoted in the *Contra Costa Times* (Oct. 8) and *San Jose Mercury News* (Oct. 16) on the rising popularity of medical tourism due to increasing costs associated with obtaining care in the United States. A growing number of Americans are traveling abroad to obtain health care services at lower prices.

CHP/PCOR director and core faculty member **Alan M. Garber** was interviewed in a segment on *Nightline* (Oct. 16) and *World News Now* (Oct. 17) on store-based medical clinics, such as Wal-Mart. An increasing number of Americans visit such clinics for doctor's appointments.

CHP/PCOR core faculty member **Victor R. Fuchs** provided comments in an article featured in the *Sacramento Bee*, *Fresno Bee*, *Modesto Bee*, and *Monterey County Herald* (Dec. 27) on Gov. Arnold Schwarzenegger's plan to reduce the cost of health care while also insuring more people. Fuchs is also quoted in a *New York Times* piece (Dec. 31) on single-payer health insurance, comparing the Canadian and U.S. health care systems.

CHP/PCOR core faculty member **Mary K. Goldstein** was quoted in the *Stanford Medicine Magazine* (Fall 2006, Vol. 23, No. 3) on the advantages of an electronic record system, which include easier access to patient files and the system's ability to support doctors' decisions.

CHP/PCOR core faculty member **Mark McClellan** (on leave) was quoted in the *Stanford Medicine Magazine* (Fall 2006, Vol. 23, No. 3) on the rising costs of health care attributed to new medical technologies and innovative devices. The article also mentions three other CHP/PCOR members: fellow **Laurence C. Baker** was quoted on increasing costs of technology that society collectively pays for; fellow **Kate Bundorf** was referenced concerning lack of follow-up care for uninsured patients due to high out-of-pocket costs; and core faculty member **Douglas K. Owens** was quoted on the small number of medical devices that save money.

CHP/PCOR fellow **Randall S. Stafford** provided comments in a *St. Louis Post-Dispatch* article (Oct. 18) on a new study that showed that physicians are slow to prescribe new, potentially beneficial drugs and quick to drop them if negative news appears about the drug. Stafford's work on use of drugs for off-label purposes was also referenced in the *San Jose Mercury News* (Oct. 22) and *Business Week Online* (Dec. 11), and he was quoted in the *Oakland Tribune* (Oct. 29) and the *Stanford Medicine Magazine* (Fall 2006, Vol. 23, No. 3) on the topic as well.

Continued on page 12

Forum Debates Effective Health Policy Managed Care & Specialized Services for Children

Major stakeholders in the children's health arena gathered together in late September to discuss the central challenges that confront children with chronic illnesses, including those that affect their families and health care providers in California.

The Stanford/Packard Center for Policy, Outcomes, and Prevention (CPOP) Forum—entitled “The Future of Health Care Policy for Children with Chronic Illness in California”—was held at Stanford University, with the goal of strategizing ways to address children's health issues.

“This was the first time many of the different players were in the room,” said **Paul Wise**, CHP/PCOR core faculty member and director of CPOP. “There were county health directors, some specialty leaders, cardiology, the chiefs of children's hospitals, researchers, public foundations . . . the idea was that anybody who might have an interest or stake in children's health to begin to have the needed conversation.”

Attendees discussed the current inadequacies of the health care system to address children's needs, including lack of coherent resources and disrespect for the growing importance of childhood chronic diseases. Work force issues were also noted, as there is a lack of training of general and specialist pediatricians who can effectively address the changing epidemiology of chronic illness in children, which is quite different from that of adults, according to Wise.

“There is access to pediatric cardiologists, but there may not be adequate access to them in many parts of the state,” Wise said. “It's not appropriate to send a little baby with congenital heart disease to a cardiologist who deals with old people who have heart attacks. It's very different.”

Medicaid was also a primary topic of discussion in the forum, with a presentation of a systematic review from Wise and colleagues on the impact of Medicaid Managed Care (M-MC) on children with special health care needs (CSHCN). The review underscored the “gap between current policy efforts to move CSHCN into M-MC plans and current analytic efforts to assess whether this helps or harms the health of these children.” An urgent need exists to expand evaluative efforts of M-MC programs for children, according to the review.

While managed care can theoretically provide better coordination of care, it can also restrict access to needed services for children, according to Wise. However, Medicaid still provides a crucial source of care for many children even in spite of budget cuts and decreased services.

“Although poor children have depended on Medicaid for 40 years, there's nothing set in stone about Medicaid—it can be rolled back at any time,” Wise said. “So that's the struggle—to protect what is good in our system and yet make essential improvements where it's not adequate, but by throwing away Medicaid, you're throwing poor, sick kids into terrible situations.” §

Stanford School of Medicine associate professor Lynne C. Huffman, second-year med school student Gabriel Brat, Stanford School of Medicine clinical instructor Lisa Chamberlain, and professor and CHP/PCOR core faculty member **Paul Wise** served as authors of the referenced review, “Impact of Medicaid Managed Care on Children with Special Health Care Needs.”

Media Mentions, continued from page 11

The articles discuss how many pharmaceutical companies are being criticized for promoting drugs for off-label purposes.

CHP/PCOR research associate **Cynthia A. Yock** was referenced in an article featured in the *Eagle Tribune* (Oct. 17), citing the implications of a study on the use of drug-coated stents. The article was in response to the loss in sales for drug-coated stents by Boston Scientific Corp. and Johnson & Johnson, as doctors are concerned that the devices raise the risk of blood clots. Yock was also quoted in a *Boston Globe* article (Dec. 6) on the topic.

CHP/PCOR core faculty member **Douglas K. Owens** was featured in a *United Press International Q&A* (Oct. 19) on the U.S. Centers for Disease Control and Prevention's recent announcement about new voluntary guidelines recommending that all Americans ages 13 to 64 be screened for HIV. Research led by Owens published in 2005 influenced the guidelines.

CHP/PCOR fellow **Laurence C. Baker** is quoted in the Center for Advancement of Health's *Health Behavior News Service* (Oct. 24) on the findings of his study on laws that require managed care plans to allow women direct access to OB/GYN services. Baker's study—co-authored by CHP/PCOR research analyst **Jia Chan**—found that such laws have failed to increase screening rates for breast and cervical cancer.

CHP/PCOR fellow **David M. Gaba** provided comments in a *New York Times* article (Oct. 31) that discussed how several major hospitals have hired professional pilots to train their critical-care staff members on how to apply aviation safety principles to their work. Gaba was also quoted in a *Baltimore Sun* article (Dec. 8) and the *Stanford Medicine Magazine* (Fall 2006, Vol. 23, No. 3) on the topic.

CHP/PCOR fellow **Randall S. Stafford** was interviewed on an Indianapolis, IN, WXIN-TV segment (Dec. 27) on whether a supplement made from pine bark extract can help reduce blood pressure of patients who are at mild to moderate risk for heart disease.

CHP/PCOR associate **Thomas N. Robinson** was interviewed in a *National Public Radio* segment (Nov. 2) that focused on the Center for Healthy Weight at Lucile Packard Children's Hospital. §

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.

FALL LECTURES, PRESENTATIONS, & CONFERENCES

ALAIN C. ENTHOVEN

CHP/PCOR core faculty member

"What NHS Can Learn from Kaiser Permanente in Efficiency Improvement and Incentives Alignment"

Presented seminar at the invitation of Nuffield Trust, London, Dec. 4, 2006.

"Consumer Choice of Health Plan: Connecting Insurers and Providers in Systems"

Presented keynote address for Dutch/Flemish Association of Health Economists, Annual Conference, Erasmus University, Rotterdam, Nov. 30, 2006.

AMAR DAS

PCOR CADMA investigator

"Knowledge-Based Clinical Decision Support Systems (Short Course)"

Member of course faculty for Short Course for Society for Medical Decision Making Annual Meeting in Boston, MA, Oct. 14–18, 2006.

MARY K. GOLDSTEIN

CHP/PCOR core faculty member

"Offline Testing of the ATHENA Hypertension Decision Support System Knowledge Base to Improve the Accuracy of Recommendations"

Presented at the American Medical Informatics Association Annual Symposium in Washington, DC, Nov. 2006.

"Communicating Harms and Benefits of Prescription Drugs to Healthcare Consumers"

Participated in invitational State of the Art conference, sponsored by the Agency for Healthcare Research and Quality in Rockville, MD, Sept. 2006.

"Managing Complexity in Chronic Care"

Participated in invitational State of the Art conference sponsored by the Department of Veterans Affairs in Arlington, VA, Sept. 13–15, 2006.

"Health Data Repository Summit"

Participated in Department of Affairs Office of Patient Care Services Summit in Washington, DC, Nov. 2–3, 2006.

"Real-Time Decision Support to Improve Quality of Care"

Presented keynote address in opening symposium for Society for Medical Decision Making Annual Meeting in Boston, MA, Oct. 14–18, 2006.

"Implementing Clinical Decision Support to Improve Patient Care: Developing a Research Agenda"

Organizer and facilitator for workshop to follow-up themes from opening symposium for Society for Medical Decision Making Annual Meeting in Boston, MA, Oct. 14–18, 2006.

"Knowledge-Based Clinical Decision Support Systems (Short Course)"

Course director and instructor for Short Course for Society for Medical Decision Making Annual Meeting in Boston, MA, Oct. 14–18, 2006.

MICHAEL K. GOULD

CHP/PCOR fellow

"Thoracic Oncology Literature Review: Hot Picks for 2006. Diagnosis and Staging"

Served as session co-chair for Chest 2006: International Scientific Assembly of the American College of Chest Physicians in Salt Lake City, UT, Oct. 2006.

KATHRYN M. MCDONALD

CHP/PCOR executive director

"Evidence-Based Practice Centers: Research and Context"

Presented at the Palo Alto Research Center, Dec. 12, 2006.

GRANT MILLER

CHP/PCOR core faculty member

"Is Mortality in Developing Countries Procyclical? Health Production and the Value of Time in Colombia's Coffee Growing Regions"

Presented at the Ronald Coase Institute/International Society for New Institutional Economics in Boulder, CO, Oct. 24, 2006.

Presented at the United Nations University–World Institute for Development Economics Research in Helsinki, Finland, Oct. 30, 2006.

Presented at the Vanderbilt Graduate Program in Economic Development 50th Anniversary Conference in Nashville, TN, Nov. 11, 2006.

Presented at the University of Michigan Robert Wood Johnson Scholars Seminar in Ann Arbor, MI, Oct. 30, 2006.

"The Role of Clean Water in America's Twentieth Century Mortality Decline"

Presented at the UC Berkeley Water Center—"Evaluating Investments in Water, Sanitation, and Hygiene" in Berkeley, CA, Nov. 9, 2006.

"Early Life Income and Late Life Health: Evidence from the Great Depression and America's Dust Bowl Era"

Presented at colloquium on Economics of Health & Mortality in honor of Robert Fogel's 80th Birthday in Chicago, IL, Nov. 17, 2006.

"Women's Preferences and Child Survival in American History"

Presented at the University of Michigan Population Studies Center in Ann Arbor, MI, Dec. 11, 2006.

TAMARA SIMS

former FLAIR project manager, current PCOR CADMA awardee

"Does Invariance Imply Error? Examining Standard Gamble Utility Ratings by Invariant Older Adult Respondents"

Presented on behalf of FLAIR project (PI: Goldstein) at the Society for Medical Decision Making 28th Annual Meeting in Boston, MA, Oct. 2006.

SARA J. SINGER

CHP/PCOR senior research scholar

"Relationship of Safety Climate and Safety Performance in Hospitals"

Presented at the Department of Health Care Policy, Harvard Medical School in Brookline, MA, Nov. 28, 2006.

"Measuring and Intervening to Improve Patient Safety Culture in US Hospitals"

Presented at the Bay Area Patient Safety Collaborative Webinar, Nov. 28, 2006.

"Leveraging Front-Line Expertise: A Senior Manager Intervention to Improve Patient Safety Culture"

Presented at the Harvard Graduate Leadership Research Seminar, Center for Public Leadership, Kennedy School of Government in Cambridge, MA, Nov. 2, 2006.

"Leveraging Front-Line Expertise: A Research-Based Intervention to Improve Patient Safety Culture"

Presented at the Safer Healthcare for Kids: Safety Rounds in Ambulatory and Inpatient Settings Webinar, Oct. 25, 2006.

TODD H. WAGNER

CHP/PCOR fellow

"National Conference on Alternative IRB Models"

Presented on "The Cost of Operating IRBs" as panelist for NIH/AAMC conference in Washington, DC, Nov. 19–21, 2006. §

HSPR Scholarly Concentration Offers Comprehensive Med School Education

Now in its fourth year of existence, CHP/PCOR's Scholarly Concentration in Health Services and Policy Research (HSPR) within the Stanford School of Medicine has provided students with the opportunity to explore in-depth methodologies related to health services research and issues of importance to health policymakers.

"The curriculum here at Stanford for the medical students over the past few years has included a concentration in a scholarly area," said **Kathryn McDonald**, CHP/PCOR executive director and core member of faculty and academic staff. "And so, the medical school had requested proposals for concentrations, and the Health Services Research division and CHP/PCOR joined together to develop a plan for a concentration in health services and policy research."

Medical students in the HSPR scholarly concentration—one of 12 in the School of Medicine—are required to take one methods class, as well as one content area class. Course offerings have included

CHP/PCOR core faculty member **Jay Bhattacharya's** outcomes research course, CHP/PCOR fellow **Kate Bundorf's** political economy of health care course, and CHP/PCOR director **Alan M. Garber** and CHP/PCOR core faculty member **Douglas K. Owen's** cost-benefit analysis course.

McDonald and CHP/PCOR fellow **Laurence K. Baker** serve as co-directors of the scholarly concentration, as well as co-professors for the core course in the concentration on issues and methods of health services and policy research.

"In my role as co-director, I speak with students about the concentration, organize activities, and represent the concentration in administrative meetings. I think the concentration has been doing very well," Baker said.

"We've had quite a few students come through the concentration, and they have done exciting research and work. We've been able to get many medical

school students who might have been peripherally interested in these issues and connect them with faculty to engage in research."

While many of the professors that teach in the concentration are affiliated with HSR and CHP/PCOR, the curriculum for the track is not limited to these departments. All Stanford courses could potentially be included in the concentration curriculum.

"We try to tell students a few really good core classes, but the scholarly concentration gives them an easier way to find faculty that are affiliated with the CHP/PCOR community," McDonald said. "I think that we're getting better at understanding where in somebody's med school career they need to start linking up to resources that we have access to. So, we're working with students in a way that's probably most efficient for them."

There are currently 463 students within the MD program, 12 of which are in the CHP/PCOR scholarly concentration and another 10 or more first-years are seriously considering the concentration. While most medical students are in

Continued on page 15

STUDENT SPOTLIGHT

Med Student Beau Briese Shares His Thoughts On the Concentration

With a bachelor's degree in economics and a master's in statistics from Harvard University, Beau was drawn to the health services and policy research (HSPR) scholarly concentration because it allowed him "the opportunity to do research with some of the best minds in the world in health policy."

"I was really excited about the chance to study under luminaries in the field, like Victor Fuchs and Alan Garber," Beau said. "I have a great love for medicine and a fervent commitment to enhancing our freedom through politics, and this [scholarly concentration] brings these passions together."

Unlike many medical school programs, Stanford's program sets aside time for students to do research. The Med Scholars program—guided by the scholarly concentration directors—also makes funds available to students to do research.

Advised by CHP/PCOR core faculty member Jay Bhattacharya, Briese's major project for the scholarly concentration is focused on researching residency programs and the factors

that influence work hours and wages.

"One of the best things about Stanford is with the way the curriculum is structured," Beau said. "You have enormous flexibility to do what you want, and the opportunity to take classes at different schools [outside of the School of Medicine]."

For example, he has taken classes in the business school to supplement his med school education, demonstrating the uniquely interdisciplinary nature of Stanford's program.

"All of us in the HSPR concentration have a desire to improve the system of medicine, but how each of us goes about achieving that goal is different, and the department supports all of our work," Beau said. "I love what I'm doing." §

Beau Briese is currently a third year medical student. Briese took the last half quarter off to write speeches and editorials for Gov. Schwarzenegger during his re-election campaign.

Scholarly Concentration, continued from page 14

more traditional concentrations, such as clinical research and immunology, there has been an increase each year in students who are starting to explore other concentrations.

"I think that this level of exposure to health services and health policy research in a med school program is atypical," McDonald said. "Some exposure over the past decade at various medical schools has been increasing, but this level of exposure is definitely novel."

Looking forward to the upcoming winter and spring quarters, McDonald and Baker will likely meet with many first year med school students who are still shopping around for a concentration. Both provide guidance to students who want to learn more about the HSPR concentration, but also connect students to other areas of interest.

Students who have taken McDonald and Baker's core course have worked on mini-proposals that students can further develop into a med scholar's proposal to compete for funding from the medical school for student-initiated research.

Such proposals include topics such as

private equity investments in health care services, health care access for vulnerable populations, and interventions for using Iyengar yoga to reduce fall injuries in the elderly.

Students enrolled in the scholarly concentration have worked on both quantitative and qualitative Med Scholars research projects on various topics, including meta-analysis of mechanical methods to control maternal hemorrhages in low-resource countries; investigation of the role of disease prevention and disease management programs as contributors to declines in disability rates; and thematic analysis of reported barriers and characteristics of policies for state-run reproductive health programs in El Salvador.

"More and more, physicians are being called upon to work with whatever institution they are a part of to think about ways to improve care for a whole

population of patients," McDonald said.

"I think that for starters, a med student who goes through our concentration is better prepared to deal with the world they work in. They have a deeper



PHOTO/AMBER HSIAO
KATHRYN MCDONALD AND LAURENCE BAKER co-direct and advise students in the health services and policy research concentration.

understanding about the forces that are acting upon them. They may be more prepared to face those issues; they may end up in academic careers where this is the area of their focus, where they will be able to contribute their medical knowledge and their knowledge of ways to do rigorous analysis to inform policy decisions." §

PUBLISHED PAPER PRESENTATIONS

The following papers were presented at the American Medical Informatics Association 2006 Fall Symposium and appear in the November 2006 issue of the Proceedings of AMIA 2006.

Das AK, Ahmed B, Garten Y, Robin JI, **Goldstein MK**. "Knowledge-based method for building patient decision-analytic tools." 175-179. Supported in part by National Institute of Aging grants P30AG024957 & R01AG15110 (FLAIR project, PI: Goldstein). Nominee for Distinguished Paper award.

Johnson CD, Zeiger RF, **Das AK**, **Goldstein MK**. "Task analysis of writing hospital admission orders: Evidence of a problem-based approach." 389-393. CHP/PCOR faculty member **Mary K. Goldstein** was senior faculty mentor for this project.

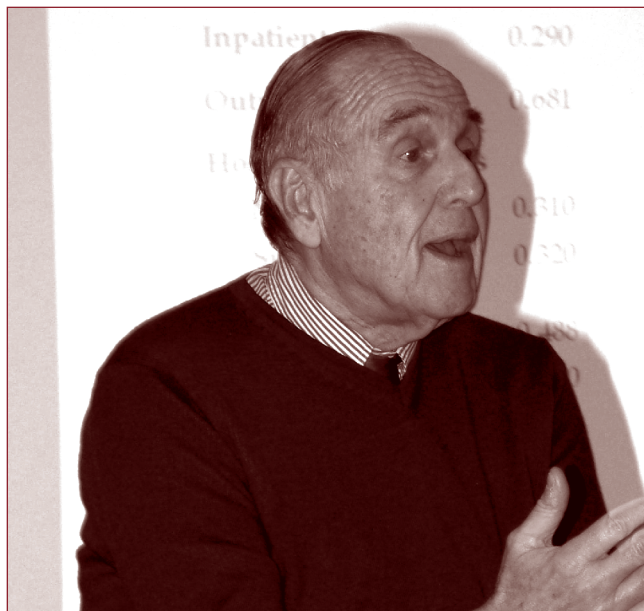
Lin ND, **Martins SB**, Chan AS, Coleman RW, Bosworth HB, Oddone EZ, Shankar RD, **Musen MA**, Hoffman BB, **Goldstein MK**. "Identifying barriers to hypertension guideline adherence using clinician feedback at the point of care." 494-498. Supported by AHRQ NRSA HS000028-19 and in part by VA HSR&D CPG-97-006 and CPI-275 (ATHENA project; PI: Goldstein), IIR 20-034, & NIH LM05708. Nominee for Distinguished Paper award.

Martins SB, Lai S, Tu S, Shankar R, Hastings SN, Hoffman BB, DiPilla N, **Goldstein MK**. "Offline testing of the ATHENA-hypertension decision support system knowledge base to

improve accuracy of recommendations." 539-543. Supported in part by VA HSR&D CPG-97-006 and CPI-275 (ATHENA project; PI: Goldstein). Nominee for Distinguished Paper award.

Tu SW, Hrabak KM, Campbell JR, Glasgow J, Nyman MA, McClure R, McClay J, Abarbanel R, Mansfield JG, **Martins SM**, **Goldstein MK**, **Musen MA**. "Use of declarative statements in creating and maintaining computer interpretable knowledge bases for guideline-based care." 784-788. ATHENA project (PI: Goldstein) contributed part of this paper. §

RESEARCH IN PROGRESS SEMINARS



PHOTO/CHP/PCOR

FALL 2006 SESSIONS

September 27, 2006

Preference-Based Assessments of Quality of Life in a Randomized Trial of Antiretroviral Therapy in Advanced HIV Disease

Vilija Joyce, CHP/PCOR Researcher

October 11, 2006

The Effects of Managed Care and Its For-Profit Expansion on the Survival of Specialized Hospital Services

Yu-Chu Shen, PhD

October 25, 2006

The War on Drugs: Methamphetamine, Public Health, and Crime

Carlos Dobkin, PhD, Assistant Professor of Economics, University of California, Santa Cruz

November 1, 2006

Dialysis Facility Characteristics and Hospitalization in End-Stage Renal Disease: Policy Implications

Donald Lee, Graduate Student, Management Science & Engineering

November 8, 2006

The Impact of Violent Death on Differential Mortality, Marriage Markets, and Nuptiality in Colombia, 1985–2002

James Holland Jones, PhD, Assistant Professor of Anthropological Sciences

November 15, 2006

Personalizing Medicine: Challenges in Translating Genomics to Clinical Practice & Health Policy

Kathryn Phillips, PhD, Professor of Health Economics & Health Services Research at University of California, San Francisco

November 29, 2006

Can Consumer-Directed Health Plans Save Money? Reexamining Data from the RAND Health Insurance Experiment

Laurence C. Baker, PhD, CHP/PCOR Fellow

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 seminars will be held at CHP/PCOR for the Winter Quarter at **117 Encina Commons, in the first floor conference room 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 24, 2007

Quality of Hypertension Care: Barriers, Missed Opportunities, and Potential Role of Point-of-Care Clinician Decision Support

Nancy D. Lin, PhD, CHP/PCOR Trainee

January 31, 2007

Comparative Effectiveness of Percutaneous Coronary Interventions and Coronary Artery Bypass Grafting for Coronary Artery Disease

Mark A. Hlaky, 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

Greg Larkin, PCOR CADMA Researcher

February 28, 2007

Ideal Affect and Health-Related Decision-Making Across the Lifespan: Preliminary Findings

Tamara L. Sims, PCOR CADMA Researcher

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 §

FELLOWSHIPS

SPECIAL FELLOWSHIP PROGRAM IN ADVANCED GERIATRICS

Eligibility: Postdoctoral Physicians, Non-Physicians in Clinical Professions

Program Director: Mary K. Goldstein

Associate Program Director: Karyn Skultety

Core Fellowship Faculty: Alan M. Garber, Thomas Rando, Jerome Yesavage

For more information, contact Alisa Patterson (alisa.patterson@va.gov, 650.493.5000 x 65779), or Dr. Mary K. Goldstein (mary.goldstein@va.gov, 650.858.3933).

For other more detailed requirements and information, visit: http://healthpolicy.stanford.edu/fellowships/special_fellowship_program_in_advanced_geriatrics/

The Special Fellowship Program in Advanced Geriatrics is offered by the Veterans Affairs Palo Alto Health Care System and is a two-year program training program to develop leadership in geriatrics that includes significant research time, as well as clinical and leadership development activities. Research areas include health services research or basic science in aging-related areas. The fellowship is sponsored by the Office of Academic Affiliations and is offered at eight Veterans Affairs Geriatric Research Education and Clinical Centers across the country. The program directors are also interested in speaking with those interested in starting the fellowship in July 2008.

Applications must be received by February 1, 2007

HEALTH CARE RESEARCH AND HEALTH POLICY

Eligibility: Graduate Students, Postdoctoral Scholars

Program Director: Alan M. Garber

Associate Directors: Mark Hlatky, Douglas K. Owens

Steering Committee: Mary K. Goldstein, Jay Bhattacharya, Laurence C. Baker, Kate Bundorf

For more information, visit: http://healthpolicy.stanford.edu/fellowships/health_care_research_and_health_policy/

Stanford University's Health Care Research and Health Policy Fellowship offers graduate students, medical students, and postdoctoral trainees advanced preparation for a career in health care research. The fellowship program is supported by a National Research Service Award training grant from the Agency for Healthcare Research and Quality.

Applications must be received by April 15, 2007

PHYSICIAN POST-RESIDENCY FELLOWSHIP IN HEALTH SERVICES RESEARCH AND DEVELOPMENT

Eligibility: Postdoctoral Scholars

Program Director: Douglas K. Owens

Associate Directors: Ruth C. Cronkite, Alan M. Garber, Mary K. Goldstein

For more information, visit: http://healthpolicy.stanford.edu/fellowships/physician_postresidency_fellowship_in_health_services_research_and_development/

The Physician Post-Residency Fellowship in Health Services Research and Development is offered by the Veterans Affairs Palo Alto Health Care System, in conjunction with the Center for Primary Care and Outcomes Research, and the Stanford University School of Medicine, Department of Medicine. It seeks to train physicians for leadership positions in health services research, primary care research and education. The program of study is flexible, accommodating a variety of career goals. The primary focus is providing research skills needed for a career in academic medicine.

Applications must be received by April 15, 2007

Continued from page 17

RECENT CHP/PCOR GRANTS AWARDED

"Support for Quality Indicators"

Funding: Subcontract from Battelle, funded through Agency for Healthcare Research and Quality

Principal Investigator: **Kathryn M. McDonald**
Project Period: July 1, 2006–Sept. 29, 2007

"Cost Effectiveness of Treating Hypertension"

Funding: Columbia University
Principal Investigator: **Paul A. Heidenreich**
Project Period: Aug. 1, 2006–July 31, 2007

"The Time-Value of Health Improvements"

Funding: RAND Corporation
Principal Investigator: **Jay Bhattacharya**
Project Period: Apr. 1, 2007–Mar. 30, 2009

"Indoor Air Pollution and Health in Developing Countries: An Intervention Study in Bangladesh"

Funding: Environmental Ventures Program from Woods Institute
Principal Investigator: **Grant Miller**
Project Period: July 1, 2006–June 30, 2007

"Health Insurance Provision for Vulnerable Populations"

Funding: National Institute of Aging
Principal Investigator: **Jay Bhattacharya**
Project Period: June 1, 2006–May 31, 2011

UPCOMING EVENTS

VA San Francisco Health Care System Infectious Disease Seminar in San Francisco, CA, Feb. 7, 2007.

“Evaluating the Benefits and Costs of HIV Screening: Why Voluntary HIV Screening Should be Routinely Offered in Health Care Settings,” CHP/PCOR core faculty member **Douglas K. Owens**.

VA Health Services Research & Development Service National Annual Meeting in Washington, DC, Feb. 21–23, 2007.

“Group Medical Visits to Improve Hypertension Chronic Disease Management,” CHP/PCOR core faculty member **Mary K. Goldstein**.

“Impact of a Decision Support System for Hypertension Management (ATHENA-HTN) on New Thiazide Use among Patients with Uncomplicated Hypertension,” CHP/PCOR post-doctoral fellow **Nancy D. Lin** will present this paper in a session focusing on Quality.

“Usage and Perceptions of Athena-Hypertension Decision-Support System by Primary Care Physicians,” VA Medical Informatics Fellow Martha Michel, on behalf of the ATHENA team.

“Developments in Information Health Technology: Integrating and Evaluating IT to Improve Management of Complexity in Chronic Care,” CHP/PCOR core faculty member **Mary K. Goldstein** (one of several faculty members in this workshop). §

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-sector 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>. §

ABOUT