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## CHP/PCOR

# Quarterly Update

### REPORT: REGIONALIZATION CAN IMPROVE BIOTERROR READINESS

Recent infectious disease outbreaks, including the 2001 anthrax attacks and the emergence of SARS in 2003, have made it clear that no single community can fully prepare for or respond to a large-scale bioterrorism attack. Still, there is little consensus about what level of regionalization or localization is ideal for the many services and resources that need to be mobilized for a response to bioterrorism.

A soon-to-be released report by the Stanford-UCSF Evidence-based Practice Center, titled "Regionalization of Bioterrorism Preparedness and Response," provides practical guidance on this timely issue. Researchers evaluated the effectiveness of various strategies for coordinating resources across local and state lines during a bioterrorism response. They found that regionalization was beneficial in several areas, such as maintaining inventories of



The Stanford-UCSF EPC report found regionalization can expand healthcare systems' ability to provide critical services, such as outbreak investigation, in a bioterrorism event.

bioterrorism-response antibiotics and vaccines. The report noted, however, that much more research is needed which specifically evaluates the regionalization of systems relevant to bioterrorism preparedness.

The researchers, led by CHP/PCOR research

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### MCCLELLAN TAKES TOP JOB AT MEDICARE, MEDICAID AGENCY

**Mark B. McClellan**, MD, PhD, who previously headed the U.S. Food and Drug Administration and is on leave as a core faculty member of CHP/PCOR, was confirmed by the U.S. Senate in late March as the new administrator for the Centers for Medicare and Medicaid Services, a federal agency that spends \$480 billion annually and regulates nearly every sector of the nation's healthcare system.



Mark B. McClellan

An internist and economist whose research while at Stanford focused on patterns of care within the Medicare program, McClellan assumed his new post on March 25. He was nominated for the position by President Bush in late February.

CHP/PCOR director **Alan Garber** – who has known the

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## BIOTERRORISM REPORT, FROM PAGE 1

associate **Dena Bravata**, examined literature from a wide variety of fields relevant to the regionalization of bioterrorism responses, including supply chain management and disaster logistics; regionalization of trauma care; bioterrorism surveillance; and responses to natural disasters and disease outbreaks such as SARS. They initially reviewed more than 8,000 citations, and based their final report on 406 articles, 74 government reports and 83 Web sites. The report was commissioned by the federal Agency for Healthcare Research and Quality (AHRQ) and will be publicly released by the agency in late April.

The researchers' analyses found that regionalization of bioterrorism responses was potentially beneficial in three key areas:

- Regionalization can expand healthcare systems' ability to provide critical services in a bioterrorism event (known as surge capacity), such as providing medical care and dispensing prophylactic antibiotics and vaccines.
- By sharing in tasks such as training response personnel and maintaining inventories of needed supplies, regionalization can help state and local governments get the most out of scarce resources.
- Strategies used for disaster preparedness and response – such as regional “mutual aid agreements,” and written plans that specify response roles, payment and chain of command – would be beneficial in coordinating the numerous organizations likely involved in responding to a bioterrorist attack.

The advisors and reviewers for the project included federal and state decision-makers, public health officials, and individuals with backgrounds and experience in emergency medicine, disaster response and supply chain management. The research team and advisors have developed a list of stakeholders who will receive a copy of the final report from AHRQ.

“Our hope is that this report will be used to inform the ongoing preparations for bioterrorism,” said Bravata, who served as project director for the report. “There are front-line policymakers who are actively trying to figure out the best way to get pills into the mouths of people in case of a bioterrorist attack.”

In addition to the three conclusions listed above, the report identifies more than 20 specific “lessons learned,” which can guide decisions about particular bioterrorism-related tasks. These lessons, which the report summarizes in a user-friendly format, include the following:

- Redesigning medical supplies to be assembled from fewer parts can save money and reduce inventories.
- Information technology systems can provide accurate, up-to-date information on the availability of medical supplies and personnel needed for a bioterrorism response.
- Strategies to protect responders – such as providing vaccinations and protective gear – are crucial to maintaining adequate numbers of response personnel.
- Predesignating certain hospitals for trauma care has increased efficiency and improved patient outcomes, as the designated hospitals have valuable experience in treating severely injured patients. Bioterrorism preparedness efforts may benefit from a similar system.
- Formalized protocols for pre-hospital care – such as first responders knowing where and how to rapidly transport exposed patients – could contribute to improved patient outcomes.

For two of their areas of inquiry – bioterrorism surveillance and the stockpiling of medical supplies – the investigators found no relevant evidence on the effectiveness of regionalization, so they constructed simulation models.

The surveillance simulation found that while large disease outbreaks can be relatively easy to detect using either localized or regionalized data analysis, small outbreaks can be difficult to detect through either approach. The stockpiling simulation found that maintaining local stockpiles of medical supplies is cost-effective only when the annual probability of a bioterrorist attack is very high.

While the researchers found no shortage of articles describing responses to disasters and disease outbreaks, Bravata said, they were surprised to find very little discussion of lessons learned from these events. “The reports we reviewed provide a lot of detail about the event, the number of responders, the number of dead, but there’s no summary of, ‘Here’s what we did well, here’s what we didn’t do well,’” Bravata explained. “Without that kind of self-reflection, valuable knowledge is being lost. Self-evaluation must become a routine part of any disaster drill or response.”

“Regionalization of Bioterrorism Preparedness and Response” was co-authored by Kathryn McDonald, Douglas Owens, Emilee Wilhelm, Jon-Erik Holty, Hau Liu, Margaret Brandeau, Greg Zaric and Vandana Sundaram. ♦

### CHP/PCOR PROFILE: SALLY AARAKI AALFS

*Sally Araki Aalfs joined CHP/PCOR as a research associate in February. Read about her work and background below.*

**Where she's from:** born in Nara, Japan; grew up in Toronto, Portland and Chicago; and spent 12 of the past 15 years in Boston.

**Research interests:** decision science methodology, women's health, patient preferences and patient empowerment, disease modeling and cost-effectiveness analysis.

**Education:** received a BS in mathematics from the Massachusetts Institute of Technology, a master's in health policy and management from the Harvard School of Public Health, and a PhD in health policy from Harvard, with a concentration in decision science.



**Her work at Stanford and CHP/PCOR:** Sally is an NIH Interdisciplinary Women's Health Research Scholar in the Department of Medicine. At CHP/PCOR she will be conducting research on women's health issues, under the direction of Douglas Owens – with whom she is working on an HIV model – and Alan Garber. She is preparing to submit for publication the results of her dissertation research, and is exploring other women's health topics to research. "The great thing about the NIH award is it gives you flexibility to work on just about anything in women's health."

**Research experience:** From 1997 to 2003 Sally worked at the Harvard Center for Risk Analysis, building models to determine the cost-effectiveness of screening and treatments for Alzheimer's disease. She previously worked summer stints at the Institute for the Future in Menlo Park, where she researched various healthcare quality measures, and at Dartmouth Medical School's Center for Evaluative Clinical Sciences, where she helped develop shared decision-making programs for women's cancer prevention.

**Dissertation:** For her PhD dissertation topic, Sally chose endometriosis – a chronic, often painful gynecologic disorder – because it is poorly understood and challenging to treat. She evaluated patients' treatment preferences derived using two preference elicitation techniques – decision analysis and balancing technique – to help endometriosis patients choose a treatment option. She found that both techniques were well accepted by patients, but also found that the marked difference in patients' treatment preferences highlighted a need for systematic interventions to foster more effective communication between patients and physicians regarding treatment alternatives for endometriosis.

**Professional experience:** Prior to her graduate studies, Sally worked as an actuarial analyst for the benefits consulting firm Kwasha Lipton in New Jersey, and then as a healthcare consultant in Deloitte & Touche's San Francisco office.

**Goals at CHP/PCOR:** "I'd love to be able to bridge the gap between the women's health people at the medical school and the decision science people at CHP/PCOR."

**Hobbies:** adventure travel, photography, rock climbing and kayaking

**Interesting fact:** For the past six years, Sally has taught personal safety and self-defense classes through a national organization called Impact Model Mugging. "It's very meaningful to me. It's not just about physical safety; it's about having the confidence to take on all of life's challenges."

### GRANTS SUBMITTED IN THE WINTER QUARTER

"Center on Advancing Decision Making for Aging"  
NIH/National Institute on Aging  
Principal investigator: Alan Garber  
Co-principal investigator: Laura L. Carstensen  
Project period: 10/04-09/09

China-U.S. Health and Aging Research Program Bridge Award  
NIH/Fogarty International Center  
Principal investigator: Alan Garber  
Project period: 5/04-4/05

"EPC Methods Research"  
Agency for Healthcare Research and Quality  
Principal investigator: Douglas Owens

## BARR LEADS PROTOCOL EFFORT TO EVALUATE HEALTHCARE PARTNERSHIPS

Public-private partnerships have become increasingly popular around the world as a way to join the strengths of the public and private sectors to improve education, economic growth, environmental quality and other public needs.

There have been few such partnerships aimed at issues in healthcare, however, such as improving prenatal care or boosting childhood immunization rates. And there is little information on whether public-private partnerships are a good idea for improving healthcare systems globally.

But **Don Barr** – a physician, sociologist, and associate of CHP/PCOR – is doing his part to change that. Since last fall, Barr has led a multidisciplinary research team that is completing the first phase of a World Health Organization project to evaluate the potential of public-private partnerships focused on health and welfare. The study will examine several partnerships around the world, evaluate their effectiveness, and determine what makes them effective, or not.

In their role, Barr and his team have developed the research protocol that

details how the study is to be carried out, including what kinds of partnerships should be studied and what information should be gathered about them. Barr discussed the project at CHP/PCOR's March 17 Research in Progress seminar.

If WHO officials are sufficiently impressed with the final research protocol – which Barr presented in late March at the WHO's Kobe Center for Health Development in Kobe, Japan – they could then ask the team to help organize and manage the case studies. "There is potentially a big role for our group in this project," Barr said.

The study will produce practical guidelines aimed at helping countries determine whether and how to implement public-private partnerships.

"If we can produce a well-done analysis of how effective this model is in improving health and welfare systems and under what circumstances, it could have a tremendously beneficial impact around the world," Barr said. "Countries could learn from each other what works and what doesn't."

The project originated in November 2002, when the Kobe Center convened a Global Symposium on Health

and Welfare Systems Development. One of the attendees' key recommendations was to promote the creation of public-private partnerships focused on health and welfare, particularly in developing nations.

But WHO officials soon discovered that despite the widespread acceptance of public-private partnerships, there was virtually no research on whether they were effective and, if so, what models worked best, under what conditions.

"The WHO wisely said, 'Wait a minute, before we adopt this as a global policy, we'd better make sure these partnerships really work,'" Barr explained. The PPP model, as it's sometimes called, "has become a fad – people adopt it believing it's inherently good."

**"If we can produce a well-done analysis of how effective this model is in improving health and welfare systems ... it could have a tremendously beneficial impact around the world." -Don Barr**

But Barr has long been skeptical of the notion that the application of free-market principles to healthcare systems will improve their efficiency and quality. When an official from the Kobe Center read an article of Barr's on capitalist principles in healthcare, he was

intrigued and contacted Barr to discuss his ideas. That led to further contacts with the Kobe Center, which led to Barr's being tapped last fall for the effort to develop the study research protocol.

Barr assembled a nine-member team of researchers, from varied fields including public health, ethics, economics and international development and from several institutions including UC-San Francisco, UC-Berkeley, UCLA, Harvard and Stanford.

The group convened at Stanford in January and laid out what information should be gathered on the partnerships and how it should be presented. The result was a two-page list of questions and instructions, including "Describe the structure and financial arrangements of the public-private partnership," "Describe the services provided by the partnership," and "Document how the effectiveness of the partnership was measured." The last question asks for "policy recommendations from the study for use in other countries."

Officials at WHO's Kobe Center are now evaluating the protocol and preparing for the next step in the project: selecting the researchers who will identify and investigate the partnerships for the case studies. ♦



## REDESIGNED WEB SITE WILL DEBUT SOON: MORE USEFUL, INTERACTIVE

Over the past several months, CHP/PCOR has been working with the Stanford Institute for International Studies on a project to redesign the centers' Web site to make it more user-friendly, informative and attractive. The new, redesigned format will replace the existing one in the next week or two. It will include the following features:

- Our front page or "home page" will feature frequently updated news from CHP/PCOR, such as significant new research findings, awards or grants given to the centers or their faculty, and media coverage of CHP/PCOR.
- The front page will also list upcoming CHP/PCOR events, such as Research in Progress seminars, conferences or special events.
- Each brief front-page item will link to more detailed information, including related publications, research projects or news articles.
- The records of our academic publications (such as journal articles) will include an abstract in most cases, and will link to the full-text research paper when possible.
- All news, events, publications and other items will be archived after a specified period and can be easily retrieved.
- An advanced search function will be implemented, allowing users to search for anything on the Web site, including a journal article, a fellowship application, a faculty member's contact information, or driving directions to CHP/PCOR.



As shown above, the redesigned Web site will feature frequently updated news and events on the front page.

- In the future we will add other features, including comprehensive administrative information and information geared to CHP/PCOR's research staff.

We hope these and other features of the redesigned Web site will be helpful to you. As we transition to the new design, we ask for your patience, as technical glitches could arise. If you have any questions or comments, contact **Sara Selis**, information editor/outreach coordinator, at [Selis@Stanford.edu](mailto:Selis@Stanford.edu) or (650) 723-0759. ❖

## STUDIES ON PRESCRIBING RESPONSE TO CLINICAL RESEARCH, OBESITY LINK TO RISING DISABILITY RATES ATTRACT MEDIA COVERAGE

Three research studies by CHP/PCOR faculty and affiliates – one on rising disability rates among younger Americans, likely due to obesity; and two studies on physicians' reduced prescribing of widely used medications in response to clinical research findings – received widespread coverage in the news media during the winter quarter.

The study on disability rates, titled "Are the Young Becoming More Disabled?" was published in the January/February issue of *Health Affairs* and was authored by CHP/PCOR core faculty member **Jay Bhattacharya** and two colleagues at the RAND Corp., Darius Lakdawalla and Dana Goldman.

The authors found that the number of people ages 30 to 49 who were disabled – unable to care for themselves or perform other routine tasks – increased by more than 50 percent from 1984 to 2000. In contrast, disability rates declined by more than 10 percent for people ages 60 to 69. The authors concluded that obesity was the most likely explanation for the sharp increase in disability, as it was the only health trend commensurate in size with the disability trend.

The study results surprised the researchers, who warned that the increase in the disability rate could have severe consequences for the nation's future healthcare costs, as

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disabled people use significantly more healthcare services than the general population.

Some portion of the rise in disability, the researchers found, may be explained by recently relaxed standards for disability claims and advanced medical technology that has saved the lives of people who even a few years ago might have died. But they ultimately identified the nation's obesity epidemic as the biggest culprit.

The study was based on information collected from 1984 to 2000 by the National Health Interview Survey. Its findings were covered by several news organizations, including the Associated Press, Reuters, CNN, the *Los Angeles Times*, NBC News, HealthDay and WebMD.

The studies on reduced prescribing of two common medications – the hormone replacement therapy regimen estrogen/progestin (Prempro) and the blood pressure medication doxazosin (Cardura) – were published in the Jan. 7 issue of the *Journal of the American Medical Association*. Both studies were authored by CHP/PCOR fellow **Randall Stafford** and colleagues at the Stanford Prevention Research Center.

Using data from the National Prescription Audit Database and the National Disease and Therapeutic Index, Stafford and his colleagues examined how new clinical research findings, which revealed harmful effects of the drugs in question, affected the number of prescriptions for the medications. In the case of HRT, the Women's Health Initiative study was halted in July 2002 when researchers found that estrogen/progestin significantly increased a woman's risk of breast cancer, heart disease and stroke. In the case of doxazosin, a study comparing the drug with three other blood

pressure medications found higher heart-failure rates associated with doxazosin.

Following the release of these research findings, prescriptions for both medications decreased, demonstrating physicians' responsiveness to new knowledge about the drugs. But the researchers found that prescriptions for estrogen/progestin declined much more quickly and dramatically than for doxazosin, and they attributed this difference to the much greater attention the HRT findings received in the media and the general public.

While the findings on doxazosin were disseminated primarily in medical circles, the HRT findings received a large amount of attention in the news media, on TV talk shows and in conversations among the public.

Stafford's research suggests that consumers and the media play a pivotal role – one often overlooked by scientists – in determining the pace at which research findings are translated into clinical practice.

"For physicians to respond to clinical trial evidence, it has to leave the professional arena and become a topic of public conversation," said Stafford, assistant professor of medicine at the Stanford Prevention Research Center. "That suggests a remarkably important role for consumers and the media. I think people considering health policy don't often give credence to that level of input."

The study findings were covered by news outlets across the country, including *USA Today*, *Newsday*, the *San Jose Mercury News*, the *Cleveland Plain Dealer*, the Associated Press, Reuters, Bloomberg News, WebMD and CNN. Broadcast segments aired on TV stations in more than 30 U.S. markets. ♦

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## PUBLICATIONS FROM THE WINTER 2004 QUARTER

**Baker LC, Phibbs CS, Guarino C, Supina D.** "Within-year variation in hospital utilization and its implications for hospital costs." *Journal of Health Economics* 23 (Jan. 1, 2004): 191-211.

**Baker LC, Hopkins D, Dixon R, Rideout J, Geppert J.** "Do health plans influence quality of care?" *International Journal for Quality in Health Care* 16, no. 1 (Feb. 2004): 19-30.

**Barr DA.** "A Time to Listen" (commentary). *Annals of Internal Medicine* 140, no. 2 (Jan. 20, 2004): 144.

**Bravata DM, McDonald KM, Szeto H, Smith MW, Rydzak C, Owens DK.** "A conceptual model for evaluating information technologies and decision support

systems for bioterrorism preparedness and response." *Medical Decision Making* 24, no. 2 (March/April 2004): 192-206.

**Bravata DM, McDonald KM, Smith MW, Rydzak C, Szeto H, Buckeridge DL, Haberland C, Owens DK.** "A critical evaluation of existing surveillance systems for illnesses and syndromes potentially related to bioterrorism." *Annals of Internal Medicine* (in press).

**Bundorf MK, Escarce JJ, Stafford JA, Gaskin D, Jollis J, Schulman K.** "Impact of managed care on the treatment, costs and outcomes of fee-for-service Medicare patients with acute myocardial infarction." *Health Services Research* 39, no. 1 (February 2004): 131.

## PUBLICATIONS, FROM PAGE 6

- Buntin MB, **Garber AM**, **McClellan M**, Newhouse JP. "The costs of decedents in the Medicare program: Implications for payments to Medicare + Choice plans." *Health Services Research* 39, no. 1 (Feb. 2004): 111-130.
- Fang MC, **Stafford RS**, Ruskin JN, Singer DE. "National trends in antiarrhythmic and antithrombotic medication use in atrial fibrillation." *Archives of Internal Medicine* 164, no. 1 (Jan 12, 2004): 55-60.
- Frayne SM**, Freund KM, Skinner KM, Ash AS, Moskowitz MA. "Depression management in medical clinics: Does the healthcare sector make a difference?" *American Journal of Medical Quality* 19, no. 1 (Jan/Feb 2004): 28-36.
- Heidenreich PA**, Gubens MA, Fonarow GC, Konstam MA, Stevenson LW, Shekelle PG. "Cost-effectiveness of screening with B-type natriuretic peptide to identify patients with reduced left ventricular ejection fraction." *Journal of the American College of Cardiology* 43, no. 6 (March 17, 2004): 1019-1026.
- Hersh AL, Stefanick ML, **Stafford RS**. "National use of postmenopausal hormone therapy: annual trends and response to recent evidence." *Journal of the American Medical Association* 291, no. 1 (Jan. 7, 2004): 47-53.
- Kelly J, **Moos R**. "Dropout from 12-step self-help groups: Prevalence, predictors and counteracting treatment-related effects." *Journal of Substance Abuse Treatment* 24, no. 3 (2003): 241-250.
- Lai S, Kaykha A, Yamazaki T, **Goldstein MK**, Spin JM, Myers J, Froelicher VF. "Treadmill scores in elderly men." *Journal of the American College of Cardiology* 43, no. 4 (Feb. 18, 2004): 606-615.
- Lakdawalla DN, **Bhattacharya J**, Goldman DP. "Are the young becoming more disabled?" *Health Affairs* 23, no. 1 (Jan/Feb 2004): 168-76.
- Nath J, Foster E, **Heidenreich PA**. "Impact of tricuspid regurgitation on long-term survival." *Journal of the American College of Cardiology* 43, no. 3 (Feb. 4, 2004): 405-409.
- Phillips KA, Haas JS, Liang SY, **Baker LC**, Tye S, Kerlikowske K, Sakowski J, Spetz J. "Are gatekeeper requirements associated with cancer screening utilization?" *Health Services Research* 39, no. 1 (Feb. 2004): 153-178.
- Piette JD, Heisler M., **Wagner TH**. "Problems paying out-of-pocket medication costs among older adults with diabetes." *Diabetes Care* 27, no. 2 (2004): 384-391.
- Piette JD, **Wagner TH**, Potter MB, Schillinger D. "Health insurance status, medication self-restriction due to cost, and outcomes among diabetes patients in three systems of care." *Medical Care* 42, no. 2 (2004): 102-109.
- Smith MW**, Chen S. "Outpatient pharmacy in VA specialized mental health treatment: recent evidence." *Psychiatric Services* 55 (March 2004): 315-317.
- Stafford RS**, Furberg CD, Finkelstein SN, Cockburn IM, Alehegn T, Ma J. "Impact of clinical trial results on national trends in alpha-blocker prescribing, 1996-2002." *Journal of the American Medical Association* 291, no. 1 (Jan. 7, 2004): 54-62.
- Timko C, Lesar M, Calvi N, **Moos R**. "Trends in acute mental health care: Comparing psychiatric and substance abuse treatment programs." *Journal of Behavioral Health Services and Research* 30 (2003): 145-160.
- Timko C, Sempel JM, **Moos R**. "Models of standard and intensive outpatient care in substance abuse and psychiatric treatment." *Administration and Policy in Mental Health* 30 (2003): 417-436.
- Van Stone W, Henderson K, **Moos R**, Rosenheck R, Schohn M. "Nationwide implementation of global assessment of functioning as an indicator of patient severity and service outcomes." In *Review of Psychiatry Series*, edited by MB First (vol. 22, pp. 131-153). Washington, D.C.: American Psychiatric Association, 2003.
- Yock CA**, Yock PG. "The drug-eluting stent information gap." *American Heart Hospital Journal* 2, no. 1 (March 2004): 21-25.
- Yoo B**. "Criteria to evaluate research on health policy." *Noushinkeigeka sokuhou (trans. Currently Practical Neurosurgery)* 13, no. 12 (Dec. 2003): 1303-1313 (in Japanese). ♦

## At health policy forum, senator criticizes U.S. stem-cell policies



Sen. Arlen Specter, right, takes a question after his talk at Stanford. Philip Pizzo, dean of the School of Medicine, is at left.

In a Feb. 19 health policy forum sponsored by Stanford's School of Medicine, U.S. Senator Arlen Specter, R-Pennsylvania, discussed his views on funding and research at the NIH, and his opposition to the Bush administration's policies restricting embryonic stem-cell research.

As chair of the Labor, Health and Human Services appropriations subcommittee, Specter has played a

key role in helping to more than double the NIH's budget, from \$12 billion in 1999 to \$28 billion in 2004. In his remarks at Stanford's Clark Center, he called for additional funding to support basic and clinical research on human disease. "These previous increases have been heralded as a mighty accomplishment, but I don't even think it's a start when you're talking about human health," he said.

Specter was pointedly critical of the Bush administration's policy, announced in August 2001, stating that government funding for stem-cell research would be limited to existing stem cells lines, which many scientists consider inadequate. Specter said the restrictions are hampering the development of potentially life-saving treatments for diseases such as cancer and Alzheimer's disease, and are having a chilling effect on U.S. scientific innovation and competitiveness.

"It's scandalous that we're hindering this research," he said. He similarly criticized the effort, led by Kansas Senator Sam Brownback, to pass legislation criminalizing the creation or use of new stem cell lines. ♦ *(excerpted from story by the School of Medicine's Office of Public Affairs)*

### PRESENTATIONS FROM THE WINTER 2004 QUARTER

#### **Kate Bundorf:**

"The market-level effects of health plan quality reporting." American Economic Association Annual Meeting, Jan. 4, 2004 in San Diego, Calif.

#### **Alain Enthoven:**

"Health care costs too much? It's the incentives." Presented to the board of directors of the Pacific Business Group on Health, March 10, 2004 in San Francisco, Calif.

#### **Victor Fuchs:**

"An efficient, equitable approach to universal coverage." (developed with Ezekiel Emanuel). Harvard/Kennedy School of Government Health Care Delivery Policy Program, Feb. 5, 2004 in Scottsdale, Ariz.

"Health care for all: An efficient, equitable approach to universal coverage." (developed with Ezekiel Emanuel). Presented to Beth Am Synagogue, Feb. 21, 2004 in Palo Alto, Calif.

#### **Alan Garber:**

"The future of health care." Panel discussion sponsored by the Stanford Institute for Economic Policy Research, March 5, 2004 at Stanford.

"Medical technology and healthcare cost." International symposium, Policy on Medical Technology and Bioethics, March 20, 2004 in Tokyo, Japan.

"Construction and improvement of the public health system." Panel discussion at the China Development Forum 2004, "China: Towards a Balanced Development," March 21, 2004 in Beijing, China.

#### **Mary Goldstein:**

"Hypertension clinical guidelines and new technologies for quality improvement." Nurses Organization of Veterans Affairs Conference, "Hypertension: the Silent Killer," Jan. 24, 2004 in Fremont, Calif.

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## MCCLELLAN, FROM PAGE 1

new CMS administrator since he (McClellan) was a medical student and graduate student in economics – said he believes McClellan has a uniquely broad perspective that will serve him well at CMS, because of his understanding of clinical concerns, economic factors and medical care data.

The core of McClellan's research has been the analysis of Medicare claims, Garber noted. "Few people have dedicated as much effort to studying medical care patterns and expenditures of elderly Medicare beneficiaries as Mark has," he said.

McClellan has also conducted research on a broad range of other health policy topics, including medical inflation rates, Medicare expenditures, the effectiveness of treatments for cardiac disease in elderly Americans, and the impact of tort reform on healthcare costs due to so-called "defensive medicine."

Garber added that "among his strengths is a history of working with members of both parties." That ability will be an important factor as McClellan leads the implementation of the Bush administration's Medicare bill – a complex and expansive piece of legislation that includes the much-debated Medicare prescription drug benefit.

McClellan is only the second physician to head the federal agency for Medicare and Medicaid (previously known as

the Health Care Financing Administration) as a permanent administrator.

At the time of McClellan's nomination, Health and Human Services secretary Tommy Thompson stated that "at the FDA and throughout his career, Dr. McClellan has served the nation admirably while demonstrating exemplary leadership that will continue our efforts to build a strong and responsive CMS. His comprehensive understanding of the American healthcare system and his dedication to public service make Dr. McClellan an ideal choice to lead CMS at this important time."

Prior to becoming FDA commissioner in November 2002, McClellan served as associate professor of medicine at the Center for Primary Care and Outcomes Research; former head of PCOR's program on medical outcomes research; and a core faculty member of the Center for Health Policy, as well as associate professor of economics at Stanford. During 2001 and 2002, he served in the White House as a senior policy director for health care and related economic issues. In the Clinton administration, he worked on domestic policy as a deputy assistant secretary of the Treasury in 1998-1999.

McClellan received his PhD in economics from the Massachusetts Institute of Technology and his MD from the Harvard-MIT Division of Health Sciences and Technology. He completed a residency in internal medicine at Brigham and Women's Hospital. ♦

## ANNOUNCEMENTS FROM THE WINTER 2004 QUARTER

Congratulations to CHP/PCOR fellow and professor of anesthesia **David Gaba**, who received the 2003 David M. Worthen Award for Academic Excellence. This is the highest award given by the U.S. Department of Veterans Affairs to recognize a VA employee's outstanding achievements of national significance in educating healthcare professionals. In announcing Gaba as the winner, the Veterans Health Administration described him as "a founding father in medical simulation, recognized for introducing realistic patient simulators for clinical education, education research and patient-safety research."

**Keith Humphreys**, associate professor of psychiatry and behavioral sciences and a CHP/PCOR associate, was awarded the status of "research career scientist" by the Department of Veterans Affairs' Health Services Research and Development Service. This renewable award supports the careers of investigators who have distinguished themselves through scientific achievement and contribute to the VA research program. Humphreys directs the

Program Evaluation and Resource Center at the VA Palo Alto Health Care System. Of the 11 people in the national VA system who have received "research career scientist" status, two – Humphreys and **Rudolf Moos** – are CHP/PCOR affiliates.

A book on the healthcare system's response to abuse of women, edited by CHP/PCOR associate **Susan Frayne** along with Jane Liebschutz and Glenn Saxe, received favorable reviews in *The New England Journal of Medicine* and the *British Medical Journal*. The book, *Violence Against Women: A Physician's Guide to Identification and Management* (American College of Physicians, May 2003) offers specific protocols for screening and making referrals to mental health and social services. A review in NEJM called the book "a clinically useful and comprehensive guide," noting that "the case vignettes breathe life into the issues."

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## ANNOUNCEMENTS, FROM PAGE 9

CHP/PCOR welcomed three new affiliates in the winter quarter. **Ruth Cronkite**, MA, PhD, a consulting associate professor of sociology at Stanford and a research health science specialist at the VA Palo Alto Health Care System, has become a CHP/PCOR associate. **Sharon Levine**, MD and **Jay Crosson**, MD – both of Kaiser Permanente – have become adjunct associates.

Cronkite's research focuses on the evaluation of mental health services and the influence of life context factors on the course of psychiatric disorders. She is director of the VA Postdoctoral Training Program in Health Services Research and is associate director of the VA Postdoctoral Training Program in Medical Informatics. She contributed to the "Center on Advancing Decision Making for Aging" grant proposal, submitted to the National Institute on Aging last quarter.

Crosson, executive director of the Permanente Federation, has done work in healthcare financing and other health policy issues. Levine, associate executive director of the Permanente Medical Group, is involved in technology assessment and healthcare coverage issues. Welcome to our new affiliates!

CHP/PCOR welcomed a new social sciences research assistant, **Kamba Tshionyi**, who is working with CHP/PCOR associate **Don Barr** on a World Health Organization project evaluating public-private partnerships in health care (*see article, page 4*). He received his undergraduate degree in human biology from Stanford in 1998 and then enrolled in the Peace Corps, working for more than a year in the African nation of Gabon as a "safe motherhood educator." In 2001 he received a master's degree in Social Policy and Planning in Developing Countries, from the London School of Economics.

Courtesy of CHP/PCOR's resident demographer **Sara Laufer**, here is the updated crude birth rate (defined as live births per 1,000 population) for CHP/PCOR for the period spanning April 2003 to March 2004. It is 106.4, compared with 46.5 in Chad, 30.1 in Zimbabwe, 24.7 in Bolivia, 22.7 in Jordan, 19.6 in Vietnam, and 14.1 in the United States. The CHP/PCOR population for this calculation is restricted to those listed on the September 2003 CHP/PCOR phone directory and their spouses. Keep those diapers coming! ❖

## PRESENTATIONS, FROM PAGE 8

**Mary Goldstein:**

"Mother Knows Best." Department of Medicine Multidisciplinary Case Conference at the VA Palo Alto Health Care System, March 4, 2004 in Palo Alto, Calif.

**Rudolf Moos:**

"Equity for older patients in VA substance use disorder treatment." (presented with co-author Lemke R). Annual meeting of the VA's Quality Enhancement Research Initiative, December 2003 in Washington, D.C.

"A functional recovery model predicts two-year substance use disorder treatment outcomes." (presented on behalf of co-authors Gifford L, Ritsher J and McKellar J). VA Health Services Research and Development Service Annual Meeting, March 2004 in Washington, D.C.

"Partner behaviors and patient outcomes following addiction treatment." (presented on behalf of co-authors Tracy S and Kelly J). VA Health Services Research and Development Service Annual Meeting, March 2004 in Washington, D.C.

**Ciaran Phibbs:**

"Veterans' willingness to travel for inpatient and outpatient medical care." (poster presentation, presented on behalf of co-authors Zwanziger J, Kane CM and Schmitt SK). Veterans Affairs Health Services Research and Development Service National Meeting, March 2004 in Washington, D.C.

**Al Taira:**

"HPV cost-effectiveness modeling and clinical trials: future directions." International Symposium on Vaccines for Sexually Transmitted Diseases (sponsored by Finnish National Institute of Health), Jan. 8, 2004 in Helsinki, Finland. ❖

## HEALTH SERVICES 'RESEARCH IN PROGRESS' SEMINARS

## Winter quarter 2004:

**Jan. 7:** David Hopkins, Patricia Sinnott, "Physician Performance Measurement: A Proof-of-concept study of an Efficiency Measurement Methodology"

**Jan. 14:** Antonio Legoretta, "Medicare Fraud and Clinical Decision Making"

**Jan. 21:** Robert DeBusk, "A Care Management System for Coronary Artery Disease"

**Jan. 28:** Mary Goldstein, "Evaluation of a Quality Improvement Strategy for Hypertension in Primary Care Clinics"

**Feb. 4:** Jessica Haberer, "Spillover Effects of Medicaid Managed Care on the Uninsured"

**Feb. 11:** Tom Piazza, "Survey Techniques, Sampling, Weighting"

**Feb. 18:** Ryan Edwards, "Old-age Health and Mortality Patterns in Japan and the U.S."

**Feb. 25:** Susan Frayne, "Using Administrative Data to Examine Diabetes Care for Veterans with Mental Illness"

**March 3:** Sally Araki Aalfs, "Shared Decision Making in the Treatment of Endometriosis Pain"

**March 10:** Rachel Werner, "Racial Profiling: The Unintended Consequences of CABG Report Cards"

**March 17:** Don Barr, "WHO Project on Public-Private Partnerships in Health Care"

## Spring quarter 2004:

**March 31:** Jeffrey Geppert, "Patient Safety Analysis"

**April 2:** Yu-Chu Shen, "Welfare Implications of Hospital Ownership Conversions to For-profit Status"

**April 7:** Alain Enthoven, "Can Employers Lead America to a Sustainable Market-based Health Care System?"

**April 14:** Michael Ong, "More Time, More Work: Time and Volume Effects on Patient Outcomes in an Academic General Internal Medicine Inpatient Service"

**April 21:** Michael Schoenbaum, RAND Corp., "Reforming the Palestinian Healthcare System"

**April 28:** Hank Greely (moderator), "Two Research Projects at the Intersection of Law and Medicine"

**May 5:** Forest Baker, "A Review of Health Preference Measures in HIV/AIDS Populations"

**May 12:** Lawrence Wein, "Bioterrorism: From Mathematical Models to Implementation"

**May 19:** Melinda Henne, "Effects of Insurance Mandates on Infertility Treatments and Outcomes"

**May 26:** Jon-Erik Holty, "100 Years of Inhalational Anthrax: A Systematic Review and Analysis of Cases from 1900 to 2001"

## ABOUT CHP/PCOR

The **Center for Health Policy (CHP)** and the **Center for Primary Care and Outcomes Research (PCOR)** are sister centers at Stanford University that conduct innovative, multidisciplinary research on critical issues of health policy and health-care delivery. Operating under the Stanford 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 healthcare problems. CHP and PCOR 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://chppcor.stanford.edu>.

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