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Children’s health policy researcher Paul Wise joins faculty

Paul H. Wise, a renowned health policy and outcomes researcher whose work focuses on children’s health and health-outcomes disparities, will join CHP/PCOR in mid-July as a new core faculty member.



Paul H. Wise, MD, MPH

Wise, previously a professor of pediatrics at Boston University and vice-chief of Social Medicine and Health Inequalities at Brigham and Women’s Hospital, will lead new efforts at CHP/PCOR on children’s health policy and outcomes research — in developing countries as well as the United States — and he will play an important role in student and postdoctoral education in these areas. “We are excited that he will become an important part of CHP/PCOR and of the general health policy and outcomes research community at

Stanford,” said CHP/PCOR director Alan Garber.

Wise will be appointed as a professor of pediatrics at Stanford, with an appointment at CHP/PCOR. “I’m excited about working with what is certainly the best group of health economists in the country,” he said of CHP/PCOR. “This is a wonderful opportunity for me to benefit from the expertise of Alan Garber and the entire group

— expertise not just in methodology but in the broad thinking that’s so important to health services research.”

Wise describes himself as “an action-oriented researcher,” interested in influencing health policies and promoting social justice through

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Safety-culture survey underway at hospitals nationwide

Whether or not a hospital has a strong “culture of safety” — a set of beliefs, norms and expectations among hospital personnel that encourage patient safety — can play a central role in the hospital’s ability to consistently provide safe, error-free patient care. But what makes for a strong culture of safety? Do certain kinds of hospitals — smaller hospitals or non-profits, for example — have a stronger safety culture than others? Do such hospitals have better patient outcomes? How do U.S. hospitals rate, in terms of safety culture, when compared with fields known for exemplary safety records,

such as naval aviation? Can a hospital’s safety culture be improved through a program that promotes better communication between senior managers and front-line workers?

Researchers at CHP/PCOR are seeking to answer these questions through a nationwide project, called “Improving Patient Safety Culture and Outcomes in Health Care,” that is now getting underway with its first group of hospitals. Led by principal investigator Laurence Baker, co-PIs David Gaba and Sara

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his work. He also emphasizes the multidisciplinary nature of his work, spanning fields that include neonatology, genetics, epidemiology and economics. “I’ve never fit particularly well into just one discipline,” he says. A study he helped conduct in 2002, for example, examined how genetic characteristics and maternal smoking interact to influence birth weight. Another of his studies examined how a new treatment for premature babies affects racial disparities in infant mortality.

Wise’s affinity for multidisciplinary work was one factor that led him to come to Stanford. “It’s always difficult to cross disciplines, but at Stanford they seem to welcome that.” He said he was impressed by the university’s strong work in developmental biology and pediatric subspecialties as well as health services research, and looks forward to collaborating with faculty in those areas, and more.

Wise’s interest in multiple fields has been evident throughout his career. Growing up in Long Island, he became interested in marine biology — before college, he spent two summers working with sharks at a marine laboratory in Sarasota, Fla. As the Vietnam War intensified during his college years, however, he became interested in international politics and social justice, ultimately earning a BA in Latin American studies from Cornell University.

He then turned to medicine as a way to improve people’s lives, particularly those of the poor and ethnic minorities. He earned an MD from Cornell University, an MPH from the Harvard School of Public Health, and completed a residency in pediatrics at Children’s Hospital Medical Center in Boston.

In his current research, Wise is examining how the diffusion of medical technology influences disparities in health outcomes. While the emergence of new medical technologies often exacerbates existing health disparities, his research has found that medical technology can also reduce disparities.

“What I’m looking at is, which healthcare technologies increase the disparities, which ones narrow the gap, and why? And how should policies change to ensure that the fruits of modern medicine reduce disparities rather than widen the gulf?”

Harvey Cohen, professor of pediatrics at Stanford and chief of staff at Lucile Packard Children’s Hospital, commented that “we are very fortunate to have attracted Paul to our department and the Stanford program. His expertise in examining the relationship of advances in technology to outcomes disparities is critically important for us to understand and reverse as we develop our centers of excellence.”

On several occasions, Wise has provided analytic insight to policymakers dealing with children’s health issues. In 2002, for example, he met with lawmakers and legislative aides on the Senate Finance Committee, discussing the impact of welfare reform on children’s health. His team’s research had found that when mothers on welfare were required to work full-time, it had a negative affect on children with chronic conditions such as asthma and sickle cell disease. Based in part on this information, a welfare-reform provision (still pending in Congress) was modified to allow mothers of chronically ill children to work less than full time to take care of their children.

Building on his undergraduate major in Latin American studies, Wise has worked to improve healthcare practices and policies in developing countries. While in college, he spent summers and a year’s leave working in an indigenous village in Guatemala, helping coordinate a land-distribution program for peasant farmers, and later working with the village’s medical clinic.

Wise has returned each year to work at the clinic, and he is involved in child health projects in India, South Africa and Latin America, targeting diseases such as tuberculosis and AIDS. “Some people think the highest-quality medical care can’t be provided in the world’s poorest communities. I think it can and must be,” he said.

Wise has received honors from organizations including the American Public Health Association, the March of Dimes, and the New York Academy of Medicine. He has served on boards including the Physicians’ Task Force on Hunger, the NIH’s Global Network for Maternal and Child Health Research, and the American Academy of Pediatrics’ Consortium on Health Disparities. His wife, Janice, is also a pediatrician joining Stanford’s Department of Pediatrics. ❖

SAFETY CULTURE, FROM PAGE 1

Singer and project manager **Kelly Dunham**, it is the first nationwide study that will examine key questions surrounding hospitals' safety culture and will establish a baseline for safety culture at U.S. hospitals. It will also test an intervention designed to help senior managers better understand potential safety problems at their hospital.

"Hospitals are implementing a variety of programs to improve patient safety, but they don't know if their efforts are making an impact," Dunham said. "This study will give us baseline information to help us understand what may be working and what is not." Baker added that "not only will this study help individual hospitals in their efforts to improve patient safety, but we hope it will aid broader efforts to develop policies that promote patient safety nationwide."

Funded by the federal Agency for Healthcare Research and Quality, the project has two key components. First, a 38-question safety-culture survey will be given to a sample of all employees at 120 hospitals around the country. The hospitals will repeat the survey two years later. CHP/PCOR researchers will analyze the responses and compare them with the responses to matched questions on a similar survey given to personnel in the U.S. Navy and Marine Corps — both considered "high-reliability organizations" because of their very low accident and error rates.

In the project's second component, 30 of the 120 participating hospitals will be randomly selected to implement a patient-safety intervention developed by Gaba, called Inward Bound. Under the program, a handful of senior managers at each hospital — including the CEO — will convene town-hall-style meetings with front-line workers, to hear their concerns and suggestions for improving patient safety. Each manager will then "shadow" some of the workers during their regular shifts.

As of late June, 37 hospitals from around the country had signed up for the project, including institutions large and small, rural and urban, nonprofit and for-profit, community hospitals and academic institutions. Some of the hospitals have already begun administering the safety-culture survey, while others will start soon. The participants include Georgetown University Hospital in Washington, D.C.; Baylor Medical Center at Grapevine

(Texas); Evanston Northwestern Healthcare in Evanston, Ill.; and Albermarle Hospital in Elizabeth City, N.C.

"Improving Safety Culture and Outcomes in Health Care" builds upon an earlier CHP/PCOR study, in which 21 hospitals in California and Nevada administered the safety-culture survey in 2001 and 2002. The research found that front-line hospital workers were much more likely than senior managers to give "problematic" responses suggesting potential safety problems at their hospital. It also found that the rate of problematic responses was three times higher among hospital personnel than among a group of naval aviators who completed a similar survey.

Those findings do not lend themselves to broad conclusions, however, because of the project's small, geographically limited sample. The larger sample size

used in the current project will allow for comparisons between different types of hospitals, between hospitals and recognized high-reliability organizations, and between current and future results.

The study results will reveal whether certain kinds of hospitals tend to have a stronger safety culture than others, and if so, why. And, by comparing the responses on matched questions to responses given by personnel in high-reliability organizations, researchers will see how the nation's hospitals measure up. "Improving patient

safety is a key goal for healthcare organizations, and drawing lessons from a variety of contexts will be very valuable," said Baker.

The participating hospitals, for their part, will gain several benefits from the study. They will get a clear picture of their strengths and weaknesses regarding safety culture, and they will see how their institution compares with other U.S. hospitals. That information can help hospital leaders decide how best to allocate resources for patient safety. For example, if nurses at a hospital indicate that they can't provide the safest possible care because they are caring for too many patients at once, the hospital could consider reducing its nurse-to-patient ratios. "These will be clear results that hospitals can act upon," Dunham said.

The participating hospitals will also receive best-practice guidelines and other information from nationally recognized patient safety experts, by taking part in teleconferences and an e-mail listserv.

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This slide showing the components of safety culture is part of a presentation given by a member of the project team.

Findings on HIV vaccines presented at international AIDS conference

Research led by CHP/PCOR acting director **Doug Owens**, presented in late May at an international AIDS conference, has found that even if an HIV vaccine were only modestly effective — even if it protected against HIV/AIDS just 50 or 60 percent of the time — the vaccine would yield substantial health benefits and would save millions of dollars by preventing new HIV and AIDS cases.

The findings could help developers of HIV vaccines determine whether it makes sense to proceed with further clinical trials. And once an HIV vaccine becomes available, the findings could help policymakers determine how the vaccine should be administered — who should receive it, when and where it should be given, how much it should cost, and who should pay for it.

“We asked the question, ‘How good would an HIV vaccine need to be, to be cost-effective?’” Owens said. “The answer, which was somewhat surprising, is it doesn’t need to be all that effective.”

Owens presented the research at the 12th International Conference on AIDS, Cancer and Related Problems, held May 24-31 in St. Petersburg, Russia. The study is part of a larger multi-center research project he is leading, called “Making Better Decisions: Policy Modeling for AIDS and Drug Abuse.”

Four other investigators for the project also attended the conference and presented their research on various HIV prevention and control efforts. They included CHP/PCOR associate **Margaret Brandeau**, an engineering professor at Stanford, who presented a framework that can help policymakers decide how best to allocate funds among different AIDS-prevention efforts, ranging from needle exchange programs to condom distribution efforts to community-based screening and counseling.

In addition, Greg Zaric, from the University of Western Ontario, presented his work on the cost-effectiveness of methadone treatment for injection drug users and improved adherence to highly active antiretroviral treatment. David Paltiel, from Yale University, presented a cost-and-benefit evaluation of routine HIV counseling and testing. James Kahn, from the University of California-San Francisco, discussed how to assess the cost and impact of HIV prevention strategies in Russia.

Although no proven HIV vaccine currently exists, more than 20 vaccines are in clinical trials around the world, and many HIV/AIDS researchers, Owens among them, are

hopeful that an effective vaccine will someday emerge. Two types of vaccines are possible: a preventive vaccine, which would protect recipients from being infected with the HIV virus if they were exposed to it, and a therapeutic vaccine, which would prevent HIV-positive individuals from developing AIDS, or would halt or slow the disease’s progression.



Doug Owens is principal investigator of the project “Making Better Decisions: Policy Modeling for AIDS and Drug Abuse.”

Absent an existing vaccine, Owens and colleagues used modeling to calculate the benefits that would come from using different types of vaccines under different conditions. The factors considered include the cost and effectiveness of the vaccine, who would receive it and when. The researchers found, for example, that a preventive vaccine that is 75 percent effective would prevent 5,000 to 10,000 HIV infections over 20 years,

in a population of about 47,000 sexually active homosexual men, and would thereby save almost \$150 million in future AIDS treatment costs.

The savings are significant despite the high cost assumed for the vaccine — about \$1,000 per dose. Owens’ study is one of the first to comprehensively examine the costs and benefits of potential HIV vaccines.

Owens and his colleagues were initially surprised at how cost-effective the vaccine appeared to be, but upon further reflection, he said, “it made a lot of sense when you consider the high mortality of HIV infection and how expensive it is to treat.”

He noted that the findings apply only to the population examined in his study — sexually active homosexual men in San Francisco — and that the impact of a vaccine could be quite different in other populations. Owens is also studying the impact of an HIV vaccine on injection drug users in Thailand.

One critical factor determining the population benefit of a therapeutic vaccine, Owens found, is its effect on infectivity — the extent to which the vaccine can prevent an HIV-positive individual from transmitting the virus to others.

Owens emphasized that the research from the “Making Good Decisions” project is designed to yield practical information that can help guide policy decisions. “A lot of studies examine preventive interventions like condom distribution programs, but they only tell you how their

Vandana Sundaram named assistant director for CHP/PCOR

CHP/PCOR director **Alan Garber**, acting director **Doug Owens** and executive director **Kathryn McDonald** are pleased to announce that **Vandana Sundaram**, a project manager at the centers, has been appointed as the new assistant director for CHP/PCOR.

In her new capacity, Sundaram will work closely with Kathryn McDonald to ensure that the research, educational and outreach goals of both CHP and PCOR are met. In addition to her current project management responsibilities, Sundaram will initially focus her center-wide efforts on increasing grant submissions, writing CHP/PCOR policies for data usage, and strengthening the centers' educational programs.

Sundaram knows the centers well, having worked at PCOR for the past four years as a project director for several large-scale projects, based at both Stanford and at the VA Palo Alto. Among those projects are the development of a scientific basis for HIV screening guidelines among veterans (analyzing current practices and implementing interventions to improve HIV screening practices among healthcare providers); systematic reviews of the effect of quality improvement strategies in areas of health care with a known quality gap (diabetes, hypertension, medication management and care coordination); and the use of



modeling to assist in resource allocation decisions for HIV/AIDS prevention and control.

Sundaram has a master's degree in public health from Yale University and a bachelor's degree in economics from Madras University, India. Before joining PCOR, she contributed to policy formulation as an epidemiologist at the New York City Health Department. She focused on the areas of tuberculosis control and maternal and child health.

The leadership at CHP/PCOR are confident that Sundaram will help ensure the continued success of the centers in her new role as assistant director. ❖

Healthcare quality conference wrap-up

Seven faculty members and trainees from CHP/PCOR attended the second annual Health Care Quality and Outcomes Research Conference, held May 11 at the University of California-Berkeley. CHP/PCOR fellow **Laurence Baker** was a co-organizer of the conference.

One of the CHP/PCOR attendees, fellow **Kate Bundorf**, presented "The effects of insurance mandates on infertility treatments and outcomes," a conference paper she authored with Baker and AHRQ trainee **Melinda Henne**.

The paper on infertility treatment mandates was one of six presented at the conference, which attracted researchers from Northern California institutions including UC-Berkeley, UC-San Francisco, UC-Davis, UC-Santa Cruz and Sutter Health. Another attendee, CHP/PCOR core faculty member **Jay Bhattacharya**, served as a discussant for a presentation on "The impact of nearly universal insurance coverage on health care utilization and health: Evidence from Medicare."

Also attending from CHP/PCOR were AHRQ trainee **Jessica Haberer**, core faculty member **Mary Goldstein**, and executive director **Kathryn McDonald**.

HIV VACCINES, FROM PAGE 4

program affects specific behaviors, such as rates of condom use," Owens said. "Our goal is to use the results of these studies to assess critical health outcomes: How does the intervention affect HIV transmission rates and the number of new AIDS cases?"

"Making Better Decisions: Policy Modeling for AIDS and Drug Abuse" is funded by a grant from the National Institute on Drug Abuse (NIDA project officer Peter Hartsock, PhD). Findings from the project have been published in numerous journal articles and have been presented to the World Health Organization and the U.S. Centers for Disease Control and Prevention.

Collaborators with Owens on the HIV vaccines research include Ross Shachter, PhD, associate professor in the Department of Management Science and Engineering at Stanford; John Cavallaro, a doctoral candidate in that department; and Donna Edwards, PhD, at Sandia National Laboratories. ❖

CHP/PCOR in the news

In the spring quarter, the news media featured CHP/PCOR faculty and affiliates, and their research work, in the following articles and broadcasts:

- An opinion piece co-authored by CHP/PCOR fellow **Daniel Kessler**, published May 4 in the *Wall Street Journal*, says the U.S. healthcare system is “in deep trouble” due to escalating costs and the rising numbers of uninsured. The piece advocates a free-market solution that would promote nationwide insurance, make all medical expenses tax-deductible, ease barriers to entry, and subsidize the care of chronically ill patients. The piece was co-authored by Hoover Institution senior fellow John Cogan and Columbia University economics professor Glenn Hubbard.
- CHP/PCOR director **Alan Garber** provided comment for a public-radio segment about a medical discount-card venture launched by a San Jose man in response to the large number of uninsured Californians. The segment aired in **The California Report** on April 18 on KQED-FM. Garber also provided comment for a May 26 column in the *San Francisco Chronicle* that discussed the role of healthcare costs in the impasse between SBC Communications and its workers who went on strike.
- An April 13 *New York Times* article on pill-splitting discussed a study by CHP/PCOR fellow **Randall Stafford**, which found that when done with appropriate medications and with the right equipment, pill-splitting can yield significant savings without compromising drug efficacy or safety. An article in the May 31 issue of *U.S. News & World Report* also described the study.
- CHP/PCOR core faculty member **Victor Fuchs** provided comment for a May 12 **Associated Press** article about a study which found that although California's immigrants tend to be poorer than U.S.-born residents and have less access to quality health care, most of them live an average of four years longer than those born in the United States.

Publications from the spring quarter

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Barr J, Hecht M, Flavin KE, Khorana A, **Gould MK**. “Outcomes in critically ill patients before and after the implementation of an evidence-based nutritional management protocol.” *Chest* 125 (2004): 1446-1457.

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Bravata DM, McDonald KM, Smith W, Rydzak C, Szeto H, Buckeridge D, Haberland C, Owens DK. “Surveillance systems for early detection of bioterrorism-related diseases.” *Annals of Internal Medicine* 140, no. 11 (June 1, 2004): 910-922.

**This paper was highlighted in ACP Observer Weekly, a newsletter for internists produced each week by the American College of Physicians.*

Chen S, Bayoumi AM, Soon SL, Aftergut K, Cruz P, Sexton SA, McCall CO, **Goldstein MK**. “A catalog of dermatology utilities: a measure of the burden of skin diseases.” *Journal of Investigative Dermatology Symposium Proceedings* 9, no. 2 (2004): 160-168.

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Goldstein MK, Mahlow P, Calvillo T, Garber AM. “The effect of nursing home vs. home on utility rating for Activity of Daily Living (ADL) health states.” Abstract accepted, *Journal of the American Geriatrics Society*, April 2004.

Goldstein MK, Mather M, Mahlow P, Calvillo T, Garber AM. “Impact of dependency in Activities of Daily Living (ADL) on mood in older adults.” Abstract accepted, *Journal of the American Geriatrics Society*, April 2004.

Heisler M, **Wagner TH**, Piette JD. “Clinician identification of chronically ill patients who have problems paying for prescription medications.” *American Journal of Medicine* 116, no 11 (June 1, 2004): 753-758.

Holahan CJ, **Moos RH**, Holalan CK, **Cronkite RC**, Randall PK. “Unipolar depression, life context vulnerabilities, and drinking to cope.” *Journal of Consulting and Clinical Psychology* 72 (April 2004): 269-275.

Hu TW, **Wagner TH**, Bentkover JD, Leblanc K, Zhou SZ, Hunt T. “Costs of urinary incontinence and

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Kennedy Q, Mather M, Carstensen LL (for **CDEHA**). "Aging and autobiographical memory: The roles of motivation and emotion regulation." *Psychological Science* 15 (2004): 208-214.

Marshall PA, **Koenig BA**. "Accounting for culture in a globalized bioethics." *Journal of Law, Medicine, and Ethics* 32, no. 2 (2004). Special issue, "Looking Ahead in Bioethics," edited by Jeffrey Kahn & Anna Mastroianni.

Moos R. "Characteristics of effective treatment environments: A process-outcome model for research on therapeutic communities." Chapter, *A culture of enquiry: Research evidence and the therapeutic community*, editors J Lees, N Manning, D Menzies and N Morant, London: Kingsley Publishing (2004): 120-133.

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Quimette P, **Cronkite R**, Henson BR, Prins A, Gima K, **Moos R**. "Post-traumatic stress disorder and health status among female and male medical patients." *Journal of Traumatic Stress* 17 (2004): 1-9.

Schleinitz MD, Weiss JP, **Owens DK**. "Clopidogrel versus aspirin for secondary prophylaxis of vascular events: a cost-effectiveness analysis." *American Journal of Medicine* 116, no. 12 (June 15, 2004): 797-806.

Yoo BK, **Bhattacharya J**, **McDonald KM**, **Garber AM**. "Impacts of informal caregiver availability on long-term care expenditures in OECD countries." *Health Services Research* (in press).

Presentations from the spring quarter

Tamara Calvillo:

"Impact of dependency in Activities of Daily Living (ADL) on mood in older adults." Poster presented on behalf of the FLAIR project at the American Geriatrics Society's 2004 annual meeting, Presidential Poster Session, May 19 in Las Vegas, Nev.

"Comparison of standard gamble utilities and visual analogue scale ratings for health states of dependence in activities of daily living." (poster presentation, presented on behalf of co-authors **MK Goldstein**, M Mather, **P Mahlow** and **AM Garber**). American Geriatrics Society's 2004 annual meeting (as above).

Albert Chan (on behalf of the ATHENA project):

"Barriers to clinician hypertension guideline adherence identified from clinician comments entered into an automated decision support system." American Heart Association's 5th annual Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke, May 15-17, 2004 in Washington, D.C.

"Clinician experience with the ATHENA DSS hypertension management system: facilitators and barriers to guideline compliance." American Heart Association's 5th annual Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke (as above).

"Will physicians accept a decision support system for hypertension management (ATHENA DSS)?" Society of General Internal Medicine's 2004 annual meeting, May 12-15, 2004 in Chicago, Ill.

"Innovations in practice: ATHENA DSS." Society of General Internal Medicine's 2004 annual meeting (as above).

Ruth Cronkite:

"The long-term burden of depression: personal and social resources and health outcomes." (presented on behalf of co-authors **Rudolf Moos**, RL Robinson et al) American Psychiatric Association Convention, May 1-6, 2004 in New York, N.Y.

"The relationship and outcomes of depression and painful complaints: a 23-year follow-up." (presented on behalf of co-authors **Rudolf Moos** et al) American Psychiatric Association Convention (as above).

"The consequences of nonremission of depression on health care utilization and productivity: a 23-year follow-up." (presented on behalf of co-authors **Rudolf Moos** et al) American Psychiatric Association Convention (as above).

Pengqian Fang/Wei Yu:

"Update on HIV/AIDS in China." Annual conference of the Forum for American/Chinese Exchange at Stanford (FACES), April 13, 2004 at Stanford.

Victor Fuchs:

"Achieving universal coverage through universal healthcare vouchers." Participant in panel discussion at Stanford University School of Medicine, titled "Universal Health Care: Options for Change," May 12, 2004 at Stanford. Event moderated by **Don Barr**.

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“Universal healthcare vouchers: an efficient, equitable approach to coverage for all Americans.” Presented to the board of directors at the Stanford Institute for Economic Policy Research, June 15, 2004 at Stanford.

Mary Goldstein:

“Quality of life assessments of functional status of older adults for application to cost-effectiveness analysis: FLAIR Project.” Stanford Prevention Research Center Research Conferences, Technology Series, April 7, 2004 at Stanford.

“Geriatrics and extended care and GRECC leadership: meeting the challenge ahead.” Session moderator for Health Care Economics Session, at conference sponsored by the U.S. Department of Veterans Affairs Central Office, April 19, 2004 in San Francisco, Calif.

“The effect of nursing home vs. home on utility rating for Activity of Daily Living (ADL) health states.” Presented on behalf of the FLAIR project at the American Geriatrics Society’s 2004 annual meeting, Ethics and Quality of Life Paper Session, May 18 in Las Vegas, Nev.

“Clinician use of complex clinical practice guidelines decision support display within CPRs: hypertension as an example.” Presented on behalf of the ATHENA project at the Veterans Health Administration’s E-Health University, May 26, 2004 in Grapevine, Tex.

Michael Gould:

“What are the most cost-effective approaches to the diagnosis of the solitary pulmonary nodule?” American Thoracic Society International Conference, May 2004 in Orlando, Fla.

“The role of FDG-PET imaging in thoracic oncology: anecdotes and evidence.” American Thoracic Society International Conference (*as above*).

“Cost-effectiveness of thrombolytic therapy based on a randomized controlled trial in patients with submassive pulmonary embolism and right ventricular dysfunction.” American Thoracic Society International Conference.

Barbara Koenig:

“Genetics in crime, race and behavior.” The Genetic Age Symposium of the Royal Institution of Great Britain, June 2-3, 2004 in London, England.

“Individualizing medicine by race, culture and ethnicity: promise or peril?” Bioethics Grand Rounds at the University of California-Los Angeles, June 8, 2004 in Los Angeles.

“The genetics of nicotine addiction: ethical and policy implications.” Center for Genetics and Society, at the University of California-Los Angeles, June 8, 2004 in Los Angeles.

“Nicotine addiction: A disease of the brain? A problem for neuroethics?” The Plastic Brain Symposium, June 25, 2004 in Utrecht, The Netherlands.

Kathryn McDonald:

“Benchmarks and handbook for regional planners: Evidence on regionalization of bioterrorism response.” AHRQ User Liaison Program for Senior Federal, State and Local Government Policymakers, May 18, 2004 in Chicago, Ill.

“HCUP and AHRQ Quality and Patient Safety Indicators.” Data workshop, presented with **Sheryl Davies** at the National Research Service Award Trainees’ 10th annual Research Conference, June 5, 2004 in San Diego, Calif.

Gillian Sanders:

“Update on cost-effectiveness of genetic tests in coronary artery disease.” Research Symposium at the Duke Clinical Research Institute, April 6, 2004 at Duke University, Durham, N.C.

Sara Singer:

“Measuring and improving safety climate in healthcare organizations.” National Patient Safety Foundation’s 6th annual Patient Safety Congress, May 3-7, 2004 in Boston, Mass.

SAFETY CULTURE, FROM PAGE 3

Among the most novel aspects of the project is the evaluation of the Inward Bound program. The idea behind the program is that getting senior managers out of their offices and onto the hospital floors will help them better understand, and more effectively address, obstacles to patient safety at their hospital. When the safety-culture survey is repeated two years later, researchers expect to see greater improvement at the Inward Bound hospitals compared with all the others.

Since late January, research assistants for the project have spent many hours recruiting hospitals to participate, mainly through phone calls and e-mails to hospital administrators. Special recognition goes to RA’s **Jennie Bowen, Jody Mechanic** and **Michelle Michalek** for their efforts. Also assisting in recruitment is the Joint Commission on Accreditation of Healthcare Organizations, a partner in the project. ❖

CHP/PCOR profile: Jon-Erik Holty, MD

Research interests: Using decision analysis, cost-effectiveness analysis and meta-analysis to study bioterrorism, anthrax and lung-cancer staging.

Where he's from: Born in Salt Lake City; raised there and in Southern California.

Education and training: Received a BS in biochemistry and political science from UCLA, and an MD from Columbia University. At Stanford, completed an internal medicine residency and is now working toward a master's degree in Health Research and Policy.



Military service: With several family members in the armed forces, Holty had a long-standing interest in military service, specifically in becoming an aviator for the Navy or Marines. At age 20, he enlisted in the Marine Corps through a program that allowed him to complete his studies at UCLA. He served in the Marine Corps Reserves throughout college and during his first year of medical school.

Interest in medicine, health policy: Holty's interest in medicine stemmed from his studies in biochemistry, and personal experience with family members who suffered from strokes and cancer. In the first year of his residency, Alan Garber was his attending physician during a rotation at the VA Palo Alto. Garber got Holty interested in health services research, and ultimately, "Alan sold me on the program at CHP/PCOR."

Work at CHP/PCOR: Holty joined CHP/PCOR in July 2002 to participate in the VA's Ambulatory Care Practice and Research fellowship program. He is involved in several research projects at CHP/PCOR, including a systematic review of inhalational anthrax cases since 1900; modeling the logistics of responding to a large U.S. anthrax attack; and evaluating the accuracy of transbronchial needle aspiration biopsy for staging in patients with non-small-cell lung cancer. For the VA fellowship, he supervises residents in the VA Palo Alto's emergency department.

Anthrax research: When Holty examined anthrax treatments and outcomes for a bioterrorism preparedness study led by Dena Bravata, he found that there was little evidence-based information on how best to treat the disease. Embarking on a separate study of his own, he then tracked down case reports on more than 60 inhalational anthrax cases since 1900. His analyses revealed that rapid initiation of antibiotics during the precursory phase of the disease dramatically reduces mortality, but once the disease enters the advanced phase, it is usually fatal, regardless of treatment. Holty is preparing to submit these results for publication.

Career plans: Beginning in July 2005, Holty will do a fellowship in pulmonary critical care at Stanford. For the long-term, he plans to remain in academia, focusing on outcomes research in his areas of interest.

Hobbies: Golf, fly fishing, gardening, skydiving.

Little-known fact: In 1995 he received the Navy and Marine Corps Achievement Medal, the highest non-combat medal given in the Navy or Marine Corps. He received the honor for his work in calculating the firing data for a new type of laser-guided artillery shell and training Marine officers to perform these calculations.

Announcements from the spring 2004 quarter

A poster presentation by CHP/PCOR core faculty member **Mary Goldstein** on behalf of the ATHENA project was chosen as the winner for "emerging applications" at the Veterans Health Administration's 2004 E-Health University conference, held May 24-27 in Grapevine, Texas. The presentation title was "Assessment and Treatment of Hypertension: Evidence-Based Automation." The E-Health University conference attracts clinicians, pharmacists and health information management personnel who help develop and use healthcare information systems at VA facilities. Congratulations to Mary and the entire ATHENA team!

CHP/PCOR core faculty member **Jay Bhattacharya** accepted an invitation to serve on the Social Sciences and Population Studies Section of the NIH's Center for Scientific Review. He will serve a term beginning July 1, 2004, ending June 30, 2008. The Center for Scientific Review's study sections review grant applications submitted to the NIH, make recommendations on them to the appropriate NIH national advisory council, and survey the status of research in their field. Members are selected based on their achievement in their scientific discipline. Congratulations to Jay for being selected.

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ANNOUNCEMENTS, FROM PAGE 9

CHP/PCOR associate **Keith Humphreys** was invited to attend two White House-sponsored conferences in May. He represented the VA Undersecretary of Health's office at the U.S.-Mexico Drug Policy Summit sponsored by the White House Office of National Drug Control Policy, and he chaired a plenary session on outcomes research at the first national conference of the White House Office of Faith-Based and Community Initiatives.

CHP/PCOR welcomed **Joseph Mikels** as a CHP/PCOR associate. Mikels is a postdoctoral fellow in personality psychology and cognitive neuroscience at Stanford. His research focuses on the interactions between emotion and cognition, with an emphasis on basic cognitive processes such as attention and working memory. With Alan Garber and Laura Carstensen, he is examining how changes in emotional and cognitive processing across the life span influence healthcare decision making. ❖

Grants submitted in the spring quarter

“Making Better Decisions: Policy Modeling for AIDS and Drug Abuse” (continuation)
NIH/National Institute on Drug Abuse
Principal investigator: Doug Owens
Project period: 7/1/04-6/30/05

“Investigation of the Viatical Settlements Market”
RAND Corp. subcontract
Principal investigator: Jay Bhattacharya
Project period: 2/1/04-8/31/04

“Postdoctoral Training in Health Services Research”
(continuation)
Agency for Healthcare Research and Quality
Principal investigator: Alan Garber
Project period: 7/1/04-6/30/05

“Disutility of Functional Limitations in Elderly”
(continuation)
NIH/National Institute on Aging
Principal investigator: Mary Goldstein
Project period: 7/1/04-6/30/05

“Improving Safety Culture and Outcomes in Healthcare”
(continuation)
Agency for Healthcare Research and Quality
Principal investigator: Laurence Baker
Project period: 9/30/04-9/29/05

“Support for Quality Indicators” (supplement)
Agency for Healthcare Research and Quality
Principal investigator: Kathryn McDonald
Project period: 6/2/04-9/30/04

Help wanted: positions at CHP/PCOR

Bilingual (Spanish) RA for FLAIR project

The FLAIR project is seeking a full-time research assistant to interview study participants about how they value their independence in daily activities. The goal of the project is to assess the cost-effectiveness of healthcare interventions that improve or prevent deterioration in health-related quality of life in the elderly. The project is based at PCOR but includes conducting interviews in Oakland and San Jose. We need an interviewer who is bilingual in Spanish and enjoys working with older adults. For more information, contact Pam Mahlow at (650) 736-0403 or at mahlow@stanford.edu.

Summer RA's for clinical trial data analysis

CHP/PCOR is looking for mature, motivated individuals with strong data analysis and writing skills to work as summer research assistants, to analyze data from a clinical trial of an automated decision support system and conduct a variety of other research assistant activities. Positions are available through the end of September. If interested, contact Mary Goldstein at goldstein@stanford.edu.

Summer RA's for hypertension, dementia project

The project, “Group Visits to Improve Medication Compliance in Patients with Dementia” is seeking a full-time research assistant for the summer (through the end of September), with strong interpersonal skills. Some background working on a research project in a hospital setting is desirable, but not necessary. The research assistant will collect data on blood pressure and medication compliance and will be involved in data entry and management. He/she will work with an interdisciplinary group to provide an educational intervention aimed at improving caregiver self-efficacy in managing and implementing treatment recommendations for their loved one with dementia. To apply, send or e-mail your resume, a letter of interest, and the names and contact information for three references, to the following:

Cathy Fenn, PhD
VA Palo Alto Health Care System, (182B PAD)
3801 Miranda Avenue
Palo Alto, California 90403
catharine.fenn@med.va.gov

Health services 'Research in Progress' seminars

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"

Summer quarter 2004:

June 30: John Morton, "Volume and Outcomes for Bariatric Surgery"

July 7: Victor Fuchs, "Universal Healthcare Vouchers: An Efficient, Equitable Approach to Paying for Medical Care"

July 14: David Buckeridge, "Evaluation of Outbreak Detection in Surveillance Systems that Use Administrative Data"

July 28: Mary Kane Goldstein, "Standard Gamble Utility Ratings for Functional Status: Interim Findings from the FLAIR Project"

August 4: TBA

August 11: TBA

August 18: TBA

August 23: TBA

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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