



# CHP/PCOR Quarterly Update

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WINTER 2004: FALL QUARTER IN REVIEW

Center for  
PRIMARY CARE &  
OUTCOMES RESEARCH Center for  
Health Policy

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NEW NAME: AS OF THIS ISSUE, CHP/PCOR'S NEWSLETTER HAS A NEW NAME — QUARTERLY UPDATE — TO BETTER REFLECT THE PUBLICATION'S PURPOSE AND CONTENT. DIRECT YOUR COMMENTS OR SUGGESTIONS TO THE EDITOR, SARA SELIS, AT [SELIS@STANFORD.EDU](mailto:SELIS@STANFORD.EDU).

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## CHP/PCOR SPONSORS TALKS BY HEALTH POLICY EXPERTS

The fall quarter was a busy one for CHP/PCOR in terms of lectures by prominent health policy experts. The centers sponsored talks by healthcare quality pioneer Donald Berwick, infectious disease expert James Hughes, and political columnist Matt Miller. The broad range and high quality of the presentations highlighted CHP/PCOR's role in bringing insightful, timely ideas to the attention of the public and the health policy community.

**Donald Berwick**, a pediatrician, leading healthcare quality researcher and co-founder of the Institute for Healthcare Improvement, spoke on Nov. 24 at UC-San Francisco as keynote speaker for the first annual John Eisenberg Legacy Lecture. The lecture honors Eisenberg, a renowned internist and health services researcher who had been a faculty



In one of several CHP/PCOR-sponsored talks this fall, political columnist Matt Miller explained his plan to address the uninsured and other domestic priorities.

member at the University of Pennsylvania and chair of the Department of Medicine at Georgetown University before becoming

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## SECOND FELLOW ARRIVES FOR CHINA-U.S. TRAINING PROGRAM



The China-U.S. Health and Aging Research Training Program, created by CHP/PCOR and administered jointly with the China Health Economics Institute, has recruited its second fellow — an up-and-coming healthcare management professor from central China who plans to study the health disparities of elderly Chinese in urban versus rural areas.



The fellow, **Pengqian Fang**, arrived at Stanford in mid-December and will spend the first year of the two-year program at the university, taking courses in health services research and policy and further developing his research proposal. After that he

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Leading healthcare quality researcher Donald Berwick speaks with colleagues after his keynote address for the Eisenberg Lecture.

director of the federal Agency for Healthcare Research and Quality. CHP/PCOR is sponsoring the lectureship along with UC-Berkeley's School of Public Health and UCSF's Institute for Health Policy Studies. The lecture, which is funded by the California HealthCare Foundation, will rotate each year among the three university campuses.

Berwick discussed the many ways health care must change in order to improve patient safety, increase efficiency and become more patient-centered. Among his key points:

- A major problem of the U.S. healthcare system is the huge, irrational variation in the cost and utilization of various medical interventions. One study Berwick cited found a 500 percent variation in reimbursements for certain procedures, with no measurable relationship to outcomes. "There is little relationship between how much we spend on care and the quality of that care," he said. Addressing this variation and promoting adherence to best practices "should be part of physicians' duty to reduce suffering," he said.
- Research has shown that patients have better outcomes when they are well informed and play an active role in their care. Physicians and other personnel should promote this in their practice.
- Research has also shown that medical care is most effective when provided by "prepared, proactive teams," which train and work together effectively and strive to head off problems.
- The patient medical record is "outdated and dysfunctional" and "must be thrown out" so a new medical record can be developed, Berwick said. The new record must be based on universal standards so the information can be easily accessed by any authorized provider or patient anywhere.

#### POLICY TALKS, FROM PAGE 1

- The medical informatics market must create sophisticated but user-friendly point-of-care tools that make it easy for clinicians to do the right thing (make the right diagnosis or prescribe the right medication, for example). Clinicians should widely adopt such tools. Meanwhile, "we need to stop expecting doctors to memorize everything," Berwick said. "With today's proliferation of knowledge, that's impossible."
- Research and observation suggest that population-based healthcare systems — such as government-run systems or integrated delivery systems using capitation — are best able to standardize care and optimize efficiency, Berwick said. He further opined that the free market seems to breed inefficiency and inconsistent quality, but humorously acknowledged that some in the audience likely held different views.
- Medicine's traditional emphasis on physician autonomy and authority is a significant obstacle to safer, more patient-centered health care, Berwick said. Medicine should instead emphasize cooperation and open communication among all healthcare personnel.
- There is still much waste in healthcare — from the inappropriate use of diagnostic tests to disorganized medical records that make it difficult to quickly find needed information.
- Healthcare personnel must be more honest with patients, and themselves. When mistakes are made, clinicians must apologize. This is not just the right thing to do, Berwick said, but should reduce legal costs. "When an error is made, most patients don't want money — they want an apology."
- "We must bring joy back into health care," Berwick said, making it fun and rewarding to work in the field.
- With sustained commitment to quality, dramatic improvements are possible. Berwick cited several success stories, including a hospital he worked with that saw a 61 percent decline in hospitalizations for pregnancy-induced hypertension after implementing best practices with a team-oriented approach.

Award-winning political columnist and public policy author **Matt Miller** spoke on Nov. 18 at Stanford's Arillaga Alumni Center, discussing his recent book, *The Two-percent Solution: Fixing America's Problems in Ways That Liberals and Conservatives Can Love*. The talk was co-sponsored by CHP/PCOR and the Hoover Institution.

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## U.S.-CHINA FELLOW, FROM PAGE 1

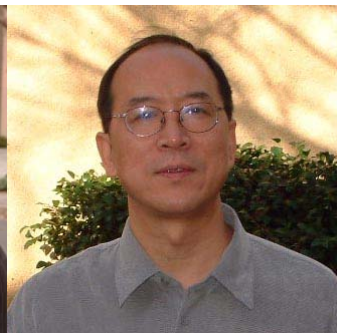
will return to China, where he'll spend a year conducting his research project — just as the program's first fellow, **Ming Wu**, is now doing in Beijing.

"We're very pleased to have Dr. Fang. He is a leading faculty member in his department," said CHP/PCOR fellow **Wei Yu**, who helped create the U.S.-China training program in late 2001 under the direction of CHP/PCOR

director **Alan Garber**. "Working with him will help us develop a network of leading health policy researchers in China — an important goal of the program." Yu is associate director of the program, funded by the Fogarty International Center of the National Institutes of Health.



Pengquan Fang



Wei Yu

Fang received a PhD in demography from Peking University and a Master of Medicine from Tongji Medical College, located in Wuhan city, in Hubei province. At Tongji Medical College, he serves as associate professor of healthcare management, director of the school's Health Management division, and associate director of its Injury Control Institute. He has conducted research in China on maternal and child health, HIV/AIDS prevention, and financial assistance programs for poor families.

Fang was chosen from a group of several well-qualified applicants, Yu said, largely on the strength of his proposal to study urban/rural disparities in the quality and accessibility of healthcare services for China's elderly.

The research is important, Yu explained, because while it is generally known that health services are less accessible and of poorer quality in China's rural areas, little to no

research has documented these disparities, and few solutions have been proposed. The problem is widespread, given that 70 to 80 percent of China's people live in rural areas.

Yu said Fang's project is well positioned to succeed, and to get attention from the Chinese government, because it will be carried out through the China Health Economics Institute, which operates under the country's Ministry of Health. As most healthcare services in China are

provided by government-owned hospitals and clinics, the government's approval and cooperation are crucial for successfully conducting healthcare research. "If you want to improve the healthcare system in China, you have to work with the government," Yu said. "In this case the government will be

receptive to our research, so its recommendations can have a strong impact."

With two fellows now participating in the U.S.-China fellowship, Yu said the program is on its way to developing a high-quality network of health policy researchers in China.

Ming Wu — a professor at Beijing University's School of Public Health, and the first fellow of the China-U.S. fellowship — has submitted for publication the results of one of her research projects, examining health insurance coverage in Beijing following a government initiative to cover all employed and retired people in the city. Wu is now assembling a team of medical students for her next project, which will survey more than 2,000 Beijing families about health status among the elderly and the barriers they face in accessing healthcare services. ♦

## CHP/PCOR IN THE NEWS: ROUNDUP OF MEDIA COVERAGE IN FALL QUARTER

Research by CHP/PCOR faculty and associates on the cost-effectiveness of bypass surgery and the impact of healthcare technology on medical spending received coverage in the news media during the fall quarter. In addition, an opinion piece by CHP/PCOR core faculty member **Victor Fuchs** on universal healthcare vouchers was published in *The New York Times* and was cited by other newspapers.

The study on bypass surgery, titled "The Cost-

effectiveness of Bypass Surgery Versus Stenting in Patients with Multivessel Coronary Artery Disease," was published in the October issue of the *American Journal of Medicine* and was authored by CHP/PCOR faculty and associates **Cynthia Yock**, **Doug Owens**, **Alan Garber** and **Mark Hlatky**, along with Derek Boothroyd.

The study found that compared with angioplasty including the use of stents, bypass surgery is more cost-

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## GOLDSTEIN CONTRIBUTES TO NOVEL TEXTBOOK ON SYMPTOM RESEARCH

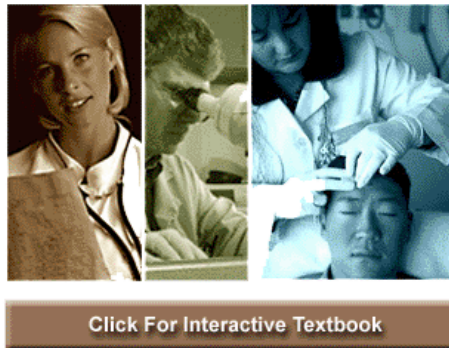
CHP/PCOR core faculty member **Mary Goldstein** contributed to a recently released “interactive textbook” on symptom research — the first such resource of its kind — by co-authoring a chapter on utility assessments and how they’re used in clinical research.

The Internet-based resource, called the Interactive Textbook on Clinical Symptom Research and released in November 2003, was commissioned in 1998 by the NIH’s National Institute of Dental and Craniofacial Research and was developed by the New England Research Institutes. Its aim is to help clinical researchers design the most appropriate research studies focused on symptoms or quality of life issues.

Taking advantage of the Web’s capabilities, the textbook includes several interactive features such as self-tests with immediate feedback and links to supplementary materials, charts and other information.

Goldstein’s chapter is co-written with Joel Tsevat, director of outcomes research at the University of Cincinnati Medical Center and past president of the Society for Medical Decision Making. The chapter focuses on quantifying preferences for health outcome states through the use of utility assessments, a type of research tool that asks subjects to rate the desirability of various treatment outcomes for a particular symptom or disease. The chapter describes and compares different utility assessments;

discusses how they are used in clinical situations and in cost-effectiveness analyses; and offers guidance on dealing with the challenges of conducting utility assessments (such as interviewer bias).



The online entry to the Interactive Textbook on Clinical Symptom Research

One section, on computerized methods of utility assessment, cites as an example the FLAIR project (Functional Life and Independence Research) being conducted at CHP/PCOR. The project uses a custom-developed software program to elicit information from elderly subjects about what daily-living activities are most important to them. The chapter concludes with a multiple-choice self-test that presents several case studies and asks users to select the study design

or tool that will most appropriately address the research question at hand.

Goldstein said she was interested in working on the project because “colleagues ask me questions about methods of utility assessment all the time, and I wanted to have something to refer them to.” She added that “the great thing about this resource is it pulls together in one place a lot of useful information drawn from many different resources.”

To access the Interactive Textbook on Clinical Symptom Research, go to <http://symptomresearch.nih.gov>. Goldstein and Tsevat’s chapter is No. 24. ❖

## GRANTS AWARDED AND SUBMITTED IN THE FALL QUARTER

### Awarded:

“Automated Decision Support: Hypertension, Diabetes, and Hyperlipidemia”

VA Health Service Research & Development, VISN Implementation Collaborative Program

Principal investigator: Mary Goldstein

Co-investigators: Brian Hoffman, Paul Conlin, Michael Miller, Michael Mayo-Smith, Stephen Ezeji-Okoye

Project period: 1/04-6/04

### Submitted:

“EPC Methods Research”

Agency for Healthcare Research and Quality

Principal investigator: Doug Owens

Project period: 3/04-2/05

### Submitted, continued:

“Computerized Decision Support for Managing Lung Nodules”

Agency for Healthcare Research and Quality

Principal investigator: Michael Gould

Project period: 7/04-6/08

“Center on the Demography and Economics of Health and Aging” (renewal application for existing program grant)

NIH/National Institute on Aging

Principal investigator: Alan Garber

Project period: 7/04-6/09

effective for patients with two or more blocked coronary arteries. Not only does surgery ultimately cost less, the study found, but it results in a better quality of life, including less chest pain. The results hold even when comparing surgery with newer stents that are coated with drugs to keep vessels from re-narrowing.

To compare bypass surgery and stenting, the researchers used data from the Bypass Angioplasty Revascularization Investigation, or BARI, conducted from 1988 to 1991. Stents were just becoming available after patients in the BARI trial had received their initial treatments. Now, however, stents are used in about 75 percent of angioplasty procedures.

To update the BARI trial, CHP/PCOR research associate Cynthia Yock and fellow Mark Hlatky developed a computer model that incorporated all the known information and expanded it to make estimates about what the costs and quality of life would be had stents existed then.

The researchers were surprised by their findings. "We expected stenting to be much better than bypass surgery," said Yock. "People tend to think that less invasive is better and that new technology has to be better. There has been so much hype for stenting but very little promotion of surgery, so patients get an imbalanced perspective."

The study was covered in *Biotech Week*, a weekly trade publication, and was discussed in a broadcast segment that aired on WBBM-TV in Chicago. An article on the study was also posted on the Web site ScienceDaily.

Another study receiving media coverage this fall was a project led by CHP/PCOR fellow **Laurence Baker**, titled "Technology Availability and Health Care Spending." The study, commissioned by the Blue Cross and Blue Shield Association, was released online Nov. 5 as a "Web exclusive" by the journal *Health Affairs*.

To promote the research and discuss its results, the Blue Cross and Blue Shield Association convened a forum at the National Press Club on Nov. 5, featuring Baker along with panelists from *Health Affairs*, the Health Technology Center and the Agency for Healthcare Research and Quality. The study was covered by *American Medical News* -- a weekly publication of the American Medical Association -- and by the *Denver Business Journal*.

The study is the first to directly examine the relationship

between the availability of specific medical technologies and healthcare spending. Overall, it found that the increasing availability of technologies including CT and MRI scans, cardiac catheterization facilities and neonatal

ICUs is almost always associated with higher utilization and is thus a major driver of rising healthcare costs. Specifically, the findings included the following:

- Adding new capacity to perform cardiac procedures is generally associated with higher utilization and spending on the technology; and
- MRI use does not appear to substitute for CT use. In fact, CT use is higher in areas with more MRI scanners.

"Our results basically show that 'if you build it, they will come,'" Baker commented. Because rising demand for medical technologies is putting more pressure on already inflated medical costs, he said, "we must really assess the value of new technologies." Carolyn Clancy, MD, director of the AHRQ, praised the study's focus on the need to do such evaluations.

In a co-written opinion piece published in *The New York Times* on Nov. 18, CHP/PCOR core faculty Victor Fuchs and bioethicist Ezekiel Emanuel advocate the use of "universal healthcare vouchers," and the abandonment of employer-based insurance, as a way to achieve universal health coverage.

Under their proposal, a national health policy board would administer a system that gives every family or individual a voucher sufficient for purchasing a basic policy. Additional insurance could be purchased privately and out-of-pocket. Each insurer would be required to offer a basic benefit package including catastrophic coverage, thereby ensuring that sicker individuals wouldn't be excluded. The system would be paid for with an earmarked tax.

The use of vouchers has bipartisan appeal, Fuchs and Emanuel noted, because it satisfies Democrats' desire for universal coverage and some Republicans' wish to eliminate Medicare and Medicaid. "The universal healthcare voucher can secure widespread support and finally establish a fair, functional healthcare system in the United States," they conclude.

After its publication in *The New York Times*, Fuchs and Emanuel's proposal was cited as a viable solution in editorials by the *San Jose Mercury News* and the *Las Vegas Sun*. ♦

The "solution" Miller's book promotes is conceptually simple, though politically ambitious: devote 2 percent of the gross domestic product — about \$220 billion — to the nation's most urgent priorities, such as providing health insurance for all, overhauling the public education system, and ensuring a living minimum wage. The devil, of course, is in the details -- where the money would come from and how it would be spent. Miller proposed that the funds come from reorganizing the government's priorities and repealing President Bush's tax cuts.

For his plan to work, Miller said, Democrats and Republicans must abandon their polarized stance and work toward true compromise. "We need to reframe the debate in a way that moves us beyond partisanship."

Miller called it unacceptable that a wealthy nation like the United States has 44 million uninsured. The good news, he said, is that successfully addressing the problem "doesn't require a complete overhaul of our current system, but a modest reallocation of resources."

Miller advocated "an American-style path to universal coverage" — providing tax credits that the uninsured would use to buy a basic health-insurance plan from competing private insurers. The plans would be federally regulated to ensure quality, and all insurers would be required to offer a basic, standard benefit package. Miller emphasized that rising healthcare costs must be restrained, or programs such as Medicare, and other national priorities, would suffer. Furthermore, he said, "Democrats need to stop demonizing Republicans for trying to hold down healthcare spending."

**James Hughes**, MD, director of the NIH's National

Center for Infectious Diseases, spoke Nov. 20 in Encina Hall, addressing the topic of "Global Microbial Threats: Challenges and Opportunities." The lecture was co-sponsored by the Stanford Institute for International Studies and the Stanford School of Medicine — the governing bodies for CHP and PCOR, respectively.

Hughes discussed several microbial menaces, including anthrax, monkeypox, West Nile virus and Severe Acute Respiratory Syndrome (SARS). He explained that major microbial threats are generally vector-borne and are transmitted to humans by animals. Numerous factors contribute to the emergence and spread of infectious diseases, including human behavior, demographics, international trade, economic development, poverty and social inequality.

Much of Hughes' talk was devoted to the SARS outbreak and the global and U.S. response to it. He said the fact that the United States had relatively few SARS cases (only 8 confirmed cases out of 418 suspected cases) was due largely to the lucky fact that the United States did not have a "superspreader" who passes on the disease at a much higher than average rate.

Interestingly, in the midst of the SARS outbreak, the Institute of Medicine released a previously prepared report, "Microbial Threats to Health," which included several recommendations uncanny in their relevance to the outbreak. The recommendations included strengthening the global surveillance capacity and global response to microbial threats. Hughes emphasized the importance of disaster drills and emergency-response plans. "I'm a much bigger believer in table-top exercises than I was several years ago," he said. ♦

## PUBLICATIONS AND EVIDENCE REPORTS

Advani A, **Goldstein MK**, Shahar Y, Musen MA. "Developing Quality Indicators and Auditing Protocols from Formal Guideline Models: Knowledge Representation and Transformations." *Proceedings of the American Medical Informatics Association's fall 2003 symposium*, Washington, D.C., 11-15.

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* (in press 2004).

Beutler LE, **Moos R**. "Coping and Coping Styles in Personality and Treatment Planning." *Journal of Clinical Psychology* 59 (2003): 1045-1047.

Beutler LE, **Moos R**, Lane G. "Coping, Treatment

Planning, and Treatment Outcome." *Journal of Clinical Psychology* 59 (2003): 1151-1167.

**Bhattacharya J**, Goldman D, Sood N. "The Link Between Public and Private Insurance and HIV-related Mortality." *Journal of Health Economics* 22 (November 2003): 1105-1122.

Bravata DMT, Huot S, Abernathy HS, Skeff KM, **Bravata DMC**. "The Development and Implementation of a Curriculum to Improve Clinicians' Self-directed Learning Skills: A pilot project." *BMC Medical Education* 3, no. 7 (Oct. 22, 2003).

**Bundorf MK**. "The Effects of Offering Health Plan Choice within Employment-based Purchasing Groups."

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## PUBLICATIONS, FROM PAGE 6

National Bureau of Economic Research, working paper #9996, Sept. 22, 2003.

Chen S, **Smith MW**, **Wagner TH**, **Barnett PG**. "Spending for Mental Health Treatment in the Veterans Health Administration: 1997-2001." *Health Affairs* 22, no. 6 (Nov-Dec. 2003): 256-263.

Cheng CH, **Goldstein MK**, Geller E, Levitt RE. "The effects of CPOE on ICU workflow: an observational study." *Proceedings of the American Medical Informatics Association's fall 2003 symposium*, Washington, D.C., 150-154.

Cuellar AE, **Wagner TH**, Hu TW, Piefer K, Kitzman H, Tobin S, Shih V. "New Opportunities for Integrated Child Health Systems: Results from the Multi-faceted Pre-to-Three Program." *American Journal of Public Health* 93, no. 11 (2003).

Fowler RA, Hill-Popper M, Petrou C, Stasinos J, **Sanders GD**, **Garber AM**. "Cost-effectiveness of Recombinant Human Activated Protein C in the Treatment of Patients with Severe Sepsis." *Journal of Critical Care* 18 (2003): 181 - 191.

**Gaba DM**, **Singer SJ**, **Sinaiko AD**, **Bowen JD**, Ciavarelli AP. "Differences in Safety Climate between Hospital Personnel and Naval Aviators." *Human Factors* 45, no. 2 (fall 2003).

**Goldstein MK**, Lai S. "Treadmill Scores in Elderly Men." *Journal of the American College of Cardiology* (in press 2004).

**Gould MK**, Kushner WG, Rydzak CE, Maclean CC, Demas AN, Shigemitsu H, **Chan J**, **Owens DK**. "Test Performance of Positron Emission Tomography and Computed Tomography for Mediastinal Staging in Patients with Non-small-cell Lung Cancer: A Meta-analysis." *Annals of Internal Medicine* 139, no. 11 (Dec. 2, 2003): 879-892.

*\*This paper was the lead article in the journal's Dec. 2 issue, with an accompanying editorial.*

**Humphreys K**, Trafton J, **Wagner TH**. "The Cost of Institutional Review Board Procedures in Multicenter Observational Research." *Annals of Internal Medicine* 139, no. 77 (2003): 1889-1890.

Illes J, Fan E, **Koenig BA**, Raffin TA, Kann D, Atlas SW. "Self-referred, Whole-body Radiologic Screening: Current Status and Implications for Health Care Consumers." *Radiology* 228 (2003): 346-351.

**Koenig BA**, Marshall PA. "Anthropology of Bioethics." In *Encyclopedia of Bioethics* (3rd edition), edited by S. Post. New York: Macmillan, 2004.

**Koenig BA**, Marshall PA. "Death: Cultural Perspectives." In *Encyclopedia of Bioethics* (3rd edition), edited by S. Post. New York: Macmillan, 2004.

**Koenig BA**. "Beyond the Beginning: Bioethics, Health Policy, and the Human Genome Project." Conference proceedings, *Empirical Bioethics in Cultural Contexts: Genetic Confidentiality, Ownership, and Public Participation*. Tokyo: The Japan Foundation/Sophia University, 2003.

**Koenig BA**, Back AL, Crawley LM. "Qualitative Methods in End-of-life Research: Recommendations to Enhance the Protection of Human Subjects." *Journal of Pain and Symptom Management* 25 no. 4 (2003). S43-S52.

**Koenig BA**. "Dead Donors and the Shortage of Human Organs: Are We Missing the Point?" (Commentary) *American Journal of Bioethics* 3, no. 1 (2003):28-29.

Lemke S, **Moos R**. "Treatment Outcomes at 1-year and 5-years for Older Patients with Alcohol Use Disorders." *Journal of Substance Abuse Treatment* 24 (2003): 43-50.

Nicholson S, **Bundorf MK**, Stein RM, Polsky D. "The Magnitude and Nature of Risk Selection in Employer-sponsored Health Plans." National Bureau of Economic Research, working paper #9937, Sept. 2003.

Ouimette PC, **Moos R**, Brown P. "Substance Use Disorder/Posttraumatic Stress Disorder Comorbidity: A Survey of Treatments and Proposed Practice Guidelines." Chapter in *Trauma and Substance Abuse: Causes, Consequences and Treatment of Comorbid Disorders*, editors Ouimette P and Brown P, American Psychiatric Association (2003): 91-110.

Ouimette P, **Moos R**, Finney J. "PTSD Treatment and Five-year Remission Among Patients with Substance Use and Posttraumatic Stress Disorders." *Journal of Consulting and Clinical Psychology* 71 (2003): 410-414.

Schutte K, Nichols K, Brennan P, **Moos R**. "A 10-year Follow-up of Older Former Problem Drinkers:

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## PUBLICATIONS, FROM PAGE 7

Risk of Relapse and Implications of Successfully Sustained Remission." *Journal of Studies on Alcohol* 64 (2003): 367-374.

Shahar Y, Shalom E, Mayaffit A, Young O, Galperin M, **Martins SB, Goldstein MK**. "A Distributed, Collaborative, Structuring Model for a Clinical-Guideline Digital Library." *Proceedings of the American Medical Informatics Association's fall 2003 symposium*, Washington, D.C., 589-593.

Shahar Y, Boaz D, Tahan G, Galperin M, Goren-Bar D, Kaizer H, Basso LV, **Martins SB, Goldstein MK**. "A Web-Based System for Interactive Visualization and Exploration of Time-oriented Clinical Data and Their Abstractions." *Proceedings of the American Medical Informatics Association's fall 2003 symposium*, Washington, D.C., 1073.

Shahar Y, Boaz D, Tahan G, Galperin M, Goren-Bar D, Kaizer H, Basso LV, **Martins SB, Goldstein MK**. Interactive Visualization and Exploration of Time-oriented Clinical Data Using a Distributed Temporal-Abstraction Architecture. *Proceedings of the American Medical Informatics Association's fall 2003 symposium*, Washington, D.C., 1004.

Singer LG, Theodore J, **Gould MK**. "Validity of Standard Gamble Utilities as Measured by Transplant Readiness in Lung Transplant Candidates." *Medical Decision Making* 23 (2003) 435 - 440.

Snow V, Weiss KB, LeFevre M, McNamara R, Bass E, Green LA, Michl K, **Owens DK**, Susman J, Allen DI, Mottur-Pilson C, the Joint AAFP/ACP Panel on Atrial Fibrillation. "A Clinical Practice Guideline on the Management of Newly Detected Atrial Fibrillation, from the American Academy of Family Physicians and the American College of Physicians." *Annals of Internal Medicine* 139, no. 12 (Dec. 16, 2003): 1009-1017.

Swan G, **Koenig BA**. "Environmental and Genetic Determinants of Tobacco Use: A Multidisciplinary, Longitudinal Family-based Design." *Cancer Epidemiology Biomarkers & Prevention* (in press 2004).

**Wagner TH**, Chen S, Barnett PG. "Using Average Cost Methods to Estimate Encounter-level Costs for Medical-surgical Stays in the VA." *Medical Care Residency Review* 60, no. 3 (2003): 15S-36S.

**Yock CA**, Boothroyd DB, **Owens DK, Garber AM, Hlatky MA**. "Cost-effectiveness of Bypass Surgery versus Stenting in Patients with Multivessel Coronary Artery Disease." *The American Journal of Medicine* 115, no. 5 (Oct. 1, 2003): 382-389.

*\*This paper was the "Special Article" in the journal's Oct. 1 issue, with an accompanying editorial.*

**Yoo B**. "Managed Care and Asymmetric Information." *Noushinkeigeka sokuhou* (trans. *Currently Practical Neurosurgery*) 13, no. 11 (Nov. 2003): 1200 - 1206 (in Japanese).

**Yoo B**. "Impacts of Aging on Health Expenditure Growth." *Noushinkeigeka sokuhou* (trans. *Currently Practical Neurosurgery*) 13, no. 10 (Oct. 2003): 1103 - 1108 (in Japanese).

## Evidence reports submitted:

**Bravata DM, McDonald K, Owens DK, Wilhelm ER, Brandeau ML, Zaric GS, Holty JEC, Liu H, Sundaram V**. "Regionalization of Bioterrorism Preparedness and Response." Evidence report/technology assessment prepared for the Agency for Healthcare Research and Quality by the Stanford University - University of California San Francisco Evidence-based Practice Center, Rockville, MD (in press 2004).

Shojania KG, **McDonald KM**, Wachter RM, **Owens DK**. "Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies," vol. 1 *Diabetes Mellitus and Hypertension*. Evidence report/Technology assessment prepared for the Agency for Healthcare Research and Quality by the Stanford University - University of California San Francisco Evidence-based Practice Center, Rockville, MD (in press 2004).

## PRESENTATIONS

**Jennie Bowen:**

"Consumer Information on Complementary and Alternative Medicine, and the Role of the Internet." (poster presentation). American Public Health Association annual meeting, Nov. 18, 2003 in San Francisco, Calif.

**Kate Bundorf:**

"Is Health Insurance Affordable for the Uninsured?" Cornell University seminar series, Dec. 16, 2003 in Ithaca, N.Y.

"The Market-level Effects of Health Plan Quality Reporting." UC-Berkeley seminar series, Nov. 25, 2003 in Berkeley, Calif.

"The Effect of Health Insurance Status on Demand for Health Information on the Internet." American Public Health Association's annual meeting, Nov. 15-19, 2003 in San Francisco, Calif.

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## PRESENTATIONS, FROM PAGE 8

**Sheryl Davies:**

"The Use of AHRQ Prevention Quality Indicators for Public Health and Health Plan Monitoring of Access to Care." American Public Health Association annual meeting, Nov. 15-19, 2003 in San Francisco, Calif.

**Alain Enthoven:**

"Can Employers Lead America to a Sustainable Market-Based Health Care System?" Presented at the Stanford Institute for Economic Policy Research, Dec. 2, 2003 at Stanford.

**Alan Garber:**

"Evidence and Value as Foundations for Quality Measurement: Advanced Issues in Healthcare Performance Measurement." Hospital Report Research Collaborative, Nov. 20, 2003 in Toronto, Ontario.

"Making the Case for the Value of Medical Innovation in a Price-Sensitive Market." Inaugural California Healthcare Summit, California Healthcare Institute, Nov. 6, 2003 in San Francisco, Calif.

"Cost-effectiveness and Evidence Evaluation as Criteria for Coverage Decisions." Conference on Cost-effectiveness Analysis and Improvements in Health, James A. Baker III Institute for Public Policy at Rice University, Oct. 30, 2003 in Houston, Texas.

"Will Resurgent Expenditure Growth Remake the U.S. Healthcare System?" 10<sup>th</sup> annual Phoenix Medical Device Meeting, Oct. 11, 2003 in Scottsdale, Ariz.

"The Economic Crisis in Social Security and Medicare: How Will it be Resolved?" Seminar co-sponsored by the Foundation for American Communications and the Stanford Institute for Economic Policy Research, Sept. 10, 2003 at Stanford.

**Mary Goldstein:**

Informatics Strategies to Support Healthcare Quality Improvement." (Coordinated and facilitated by the VA Information Resource Center). 2003 national meeting of the VA's Quality Enhancement Research Initiative, December 2003 in Washington, D.C.

"Update on ATHENA DSS to Support Quality Improvement." (Coordinated and facilitated by the VA Information Resource Center). 2003 national meeting of the VA's Quality Enhancement Research Initiative, December 2003 in Washington, D.C.

"Introduction to the Clinical Decision Support Systems." Clinical Informatics Seminar of the Stanford School of Medicine, Dec. 5, 2003 at Stanford.

**Michael Gould:**

"Fluorodeoxyglucose (FDG)-PET Imaging: When to Use It." American College of Chest Physicians 2003 annual meeting, October 2003 in Orlando, Fla.

**Barbara Koenig:**

"The Genome of Homo Sapiens." Forum on Genes, Genomes, and Society, May 30, 2003 at Cold Spring Harbor Laboratory, New York.

"Observing Death, Examining Bioethics: Challenging Choice in End-of-life Care." Faculty scholars retreat for Project on Death in America, July 22, 2003 in Lake Tahoe, Calif.

"The Nature of Professional Responsibility in Neuroscience." Presentation to Stanford Graduate Neuroscience Science Journal Club, October 21, 2003 at Stanford.

"Revisiting Race: Examining Social and Scientific Consequences." Presentation to the Northern California Cancer Center, December 8, 2003 in Union City, Calif.

"Behavioral Genetics & Public Policy." (Panel) American Society of Bioethics and Humanities annual meeting, Oct. 24, 2003 in Montreal, Canada.

"A Critical Anthropology of Human Genetic Variation Research: Examining Scientific Practice; Refining Theories of Difference." (session organized with Sandra Lee). American Anthropological Association annual meeting, Nov. 19-23, 2003 in Chicago, Ill.

**Kathryn McDonald:**

"Health Care Quality and Safety Measures Based on Administrative Data: From Development to Application." International Society for Quality in Health Care's 20<sup>th</sup> International Conference, Nov. 5, 2003 in Dallas, Texas.

"Quality Indicators for Inpatient Care, Patient Safety and Avoidable Hospitalizations: Building a Bridge from Indicator Development to User Applications." 5<sup>th</sup> International Conference on the Scientific Basis of Health Services: Global Evidence for Local Decisions, co-sponsored by AcademyHealth and the Agency for Healthcare Research and Quality, Sept. 22, 2003 in Washington, D.C.

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## PRESENTATIONS, FROM PAGE 9

"National Policy and the Stanford-UCSF EPC Project on Best Strategies for Quality Improvement." AHRQ Evidence-based Practice Center directors' meeting, Sept. 19, 2003 in Washington, DC.

**Rudolf Moos:**

"How can Treatment and Clients Inform and Influence Research on Substance Use Disorders?" Conference of the Australian Professional Society on Alcohol and Other Drugs, November 2003 in Brisbane, Australia.

"Are We Drowning in the Gene Pool?" Conference of the Australian Professional Society on Alcohol and Other Drugs, November 2003 in Brisbane, Australia.  
 "Dissemination and Implementation of Research Findings into Clinical Care: Promises and Pitfalls." Conference of the Australian Professional Society on Alcohol and Other Drugs, November 2003 in Brisbane, Australia.

**Doug Owens:**

"An Overview of Evidence-Based Practice Centers." 2003 national meeting of the VA's Quality Enhancement

Research Initiative, Dec. 17-19, 2003 in Washington, D.C.

"Cost Effectiveness of Screening for HIV in Acute-care Settings." 2003 national meeting of the VA's Quality Enhancement Research Initiative, Dec. 17-19, 2003 in Washington, D.C.

"HIV Testing and Counseling in the VA: Implications for Screening Guidelines." Veterans Health Administration's Public Health Strategic Health Care Group Retreat, Dec. 17, 2003 in Washington D.C.

"Potential Program to Vaccinate Injection Drug Users in Bangkok, Thailand with a Partially Effective HIV Vaccine: A Cost-effectiveness Analysis." AIDS Vaccine Conference, Sept. 18-21, 2003 in New York City.

**Todd Wagner:**

"Digital Divide Among the Chronically Ill." (presented on behalf of co-authors **Sara Singer, Kate Bundorf and Laurence Baker**). American Public Health Association annual meeting, Nov. 15-19, 2003 in San Francisco, Calif.

## ANNOUNCEMENTS

CHP/PCOR director **Alan Garber** was invited to serve on the National Advisory Council on Aging, for a four-year term that began in January 2004. The council advises key health officials including the secretary of the Department of Health and Human Services, the director of the National Institutes of Health, and the director of the National Institute on Aging. It meets three times a year to consider applications for research and training and to recommend funding for those that show promise.

CHP/PCOR acting director **Doug Owens** was awarded the Department of Medicine divisional teaching award for CHP/PCOR for the 2003-2004 academic year. He received the most nominations from students and research assistants, in recognition of his excellence in teaching. He received a monetary award and was recognized at a Department of Medicine awards dinner.

Congratulations to CHP/PCOR research associate **Dena Bravata** and fellow **Ingram Olkin**. Their meta-analysis regarding low-carbohydrate diets, titled "Efficacy and Safety of Low-carbohydrate Diets: A Systematic Review," was included in the November/December 2003 issue of the *ACP Journal Club*. The publication, produced bimonthly by the American College of Physicians, is a roundup of the research the ACP considers most significant and relevant for physicians.

**Mark Smith**, a CHP/PCOR associate and an economist in the Health Economics Resource Center of the VA Palo Alto Health Care System, has been named the new associate director of HERC, reporting to the center's director, **Paul Barnett**. **Ciaran Phibbs**, who previously served as associate director for four years, returned to the position of full-time economist in September. (Barnett and Phibbs are both CHP/PCOR associates.) Aside from his VA research, Smith also serves as health economist for a heart disease management study conducted at the Stanford Prevention Research Center.

**Alex Macario**, a CHP/PCOR associate and an associate professor of anesthesia at Stanford, has published a travel book and memoir called *A Sabbatical in Madrid: A Diary of Spain*. The 250-page book, released by the online publisher Xlibris, chronicles the experiences of Macario and his family in Spain during his 10-month sabbatical there in 2001.

In the fall quarter CHP/PCOR said a sad farewell to **Gillian Sanders**, one of the centers' founding core faculty members, who conducted decision-analysis research and mentored many post-doctoral students. Sanders has joined the faculty at Duke University, where she is an associate professor of medicine, but she will continue her productive collaborations on cost-effectiveness analyses and medical decision making with many CHP/PCOR colleagues.

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### MEDICAL DECISION MAKING CONFERENCE ROUNDUP

As in past years, CHP/PCOR had a strong presence at the Society for Medical Decision Making's 25<sup>th</sup> annual conference, held Oct. 18-22, 2003 in Chicago, Ill. Listed below are the presentations given at the conference by current and former CHP/PCOR faculty and associates. Also at the conference, **Kathryn McDonald** was re-elected to the society's board of trustees and is now vice-president-elect of the organization. **Doug Owens** is co-chair of the society's next annual meeting, to be held later this year in Atlanta, and **Gillian Sanders** will chair the 2005 meeting to be held in San Francisco.

#### Presentations:

Chan A, Martins S, Bosworth H, Oddone E, Shlipak M, Hoffman B, **Goldstein MK**. "Post Fielding Surveillance of a Guideline-based Decision Support System: A Method for Quality Assurance During Development of a New Technology."

**Goldstein MK**, Shlipak M, Oddone G, Bosworth H, **Martins, SB**, Yiu, HY. "Will Primary Care Clinicians Use Automated Guideline Decision Support? Clinician Interaction with the ATHENA DSS Hypertension Management System."

**Goldstein MK, Mahlow P, Bravata D, Garber AM**. "Does Refusal to Accept Risk in Stanford Gamble Imply Misunderstanding?"

Hastings SN, **Goldstein MK**, Bergen M, Vance M, Hoffman B. "Clinician Attitudes Toward a Guideline Implementation."

**Munakata J, Sanders GD, Owens DK**, Bayoumi AM. "Cost-effectiveness of Enfuvirtide in the Treatment of Drug-resistant HIV Infection."

**Owens DK, Sundaram V**, Douglass LR, Lazzeroni LC, Holodniy M, Margolis D, **Sanders GD**, Taylor K, VonGronigen R, Shadle VM, Gyuricza D, McWhorter VC, Agoncillo T, Paulk P, Haren N, Tuen M, Dwyer A, Nyland J, Tempio T, Khayr W, Dietzen D, Jensen P, Simberkoff M, Bozzette SA. "Seroprevalence of HIV Infection at VA Health Care Systems."

**Sanders GD**, Bayoumi AM, **Sundaram V**, **Neukermans CP**, Holodniy M, **Owens DK**. "Effect of Transmission on the Cost-effectiveness of Screening for HIV."

**Sanders GD, Nouri B, Choudhry K, Owens DK, Hlatky MA**. "Potential Cost- effectiveness of Genetic screening for Sudden Cardiac Death."

Vij R, Triadafilopoulos G, **Owens DK**, Kunz P, **Sanders GD**. "Cost-effectiveness of Photodynamic Therapy for High-grade Dysplasia in Barrett's Esophagus."

Zaric GS, **Bravata D, Holty JC**, Brandeau ML, **Willhelm E, Sundaram V, Macdonald K, Owens DK**. "Modeling the Logistics of Response to a Large Anthrax Attack in the United States."

Zaric GS, Bayoumi AM, Brandeau ML, **Owens DK**. "The Cost-effectiveness of Counseling to Improve Adherence to HAART."

## CHP/PCOR PROFILE: JESSICA HABERER

**Where she's from:** Born in Louisville, Ky; grew up in Chicago and Phoenix

**Education and training:** Jessica received a BS in biological sciences from Stanford and an MD from Yale. She completed an internal medicine residency at UC-San Francisco, during which she was selected for a VA primary care residency program called the PRIME program. She is now working to complete an MS in health services research at Stanford. Jessica was interested in various academic subjects, but it was her reading of *A Midwife's Tale* in college — the diary of an 18<sup>th</sup>-century midwife — that inspired her to choose medicine.



**Her work at CHP/PCOR:** Jessica joined CHP/PCOR in July 2002 to participate in the Agency for Healthcare Research and Quality fellowship training program, which ends in summer 2005. Her current research examines whether mandatory managed care for Medicaid recipients is having negative impacts on care for the uninsured. In November, she spent a week at the National Center for Health Statistics in Maryland, analyzing data for the project.

**Research and career interests:** Jessica is interested in providing and promoting medical care for the underserved. "My primary interest is in social justice: making sure everybody has access to health care, not just those who can afford it," she says. She would ultimately like to divide her time between health policy research and patient care. She has conducted research on a variety of topics, including the effects of estrogen on short-term memory in women not menstruating, and the impact of Medicare drug coverage on the use of ACE inhibitors.

**Clinical work:** On evenings and weekends, Jessica works in the ER at the VA Palo Alto Health Care System and in the urgent-care clinic at Kaiser Permanente-Santa Clara.

**Volunteer work:** Jessica has volunteered for several organizations focused on the underserved, including the San Francisco-based HIV Prevention Program; the Stanford Homelessness Action Coalition; and a Prenatal Care Program for medically underserved women in New Haven, Conn.

**Hobbies:** Brazilian music and culture, jogging and windsurfing, international travel, playing with her 7-month-old son

**Little-known fact:** In her last year of medical school, Jessica spent six weeks working at a regional hospital in the Alaskan bush, for a federally sponsored program. One afternoon during the program, she flew an eight-passenger plane en route to an Alaskan village — under the pilot's supervision of course!

## ANNOUNCEMENTS, FROM PAGE 10

Also departing CHP/PCOR in the fall was research assistant **Kristof Neukermans**, who joined the centers in June 2002 and is now working at the Cornell University School of Medicine.

The **Health Economics Resource Center** at the VA Palo Alto — an organization with many CHP/PCOR collaborators — welcomed several new researchers this fall. **Forest Baker** is an experimental psychologist who most recently taught at Illinois Wesleyan University. At HERC he is reviewing the methods used to determine the utility of health states. **Ariel Hill**, research associate, previously worked at the U.S. General Accounting Office. At HERC she has worked on risk adjustments for VA nursing home costs and economic analyses of multi-site clinical trials. **Shirley Kim**, research associate, previously worked as an

intern at Chicago Health Outreach. She works with HERC economist and CHP/PCOR fellow Wei Yu on a project estimating the cost of care in the last months of life. **Sam Richardson**, a recent Stanford graduate, has joined HERC as a research assistant after teaching 7th grade in East Palo Alto. He is analyzing the costs of VA rehabilitation care and assists Wei Yu on the end-of-life costs project. **Jesse Velez**, a statistical programmer at HERC, is helping estimate the cost of rehabilitation care. He is finishing a master's degree in statistics at Cal State Hayward.

**New CHP/PCOR babies:** **Kate Bundorf** gave birth on Oct. 20 to a daughter, **Adelaide**, and **Pam Mahlow** gave birth on Oct. 30 to a son, **Matthew**. Congratulations to them and their families! ❖



## HEALTH SERVICES 'RESEARCH IN PROGRESS' SEMINARS

**Fall quarter 2003:**

**Sept. 24:** Kelvin Tan, "Singapore Healthcare Financing System: Reforms in Progress"

**Oct. 1:** Anita Stewart, "Issues in Developing Self-report Measures in Health Disparities Research: Measuring Interpersonal Processes of Care as an Example"

**Oct. 15:** B.K. Yoo, "Determinants of Long-term Care Utilization Among OECD Countries"

**Oct. 29:** Mark Hlatky, "Gaps Between Evidence and Practice"

**Nov. 5:** Alan Go, "Translating Trials into the Real World for Atrial Fibrillation"

**Nov. 12:** Michael Gould, "Cost-effectiveness of Alternative Strategies for Staging Patients with Non-small-cell Lung Cancer"

**Nov. 19:** Corinna Haberland, "The Impact of New Mid-level NICUs on the Level of Care Received by Low-birthweight Infants"

**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, "Shared Decision Making in the Treatment of Endometriosis Pain"

**March 10:** Don Barr, "WHO Project on Public-Private Partnerships in Health Care"

**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, go to <http://healthpolicy.stanford.edu>

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