

CHP/PCOR Quarterly Update

WINTER 2005 ISSUE: FALL QUARTER IN REVIEW

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Top CMS doctor leads roundtable hosted by CHP/PCOR

Sean Tunis, a Stanford MD and health services research graduate who is now chief medical officer at the Centers for Medicare and Medicaid Services (CMS), visited Stanford on Nov. 1 to speak in a class taught by **Alan Garber**, **Doug Owens** and **Sally Araki**, and to lead a lunchtime roundtable discussion with CHP/PCOR faculty, healthcare leaders and biotech/pharmaceutical industry executives.



Sean Tunis, MD, speaks to a morning class taught by CHP/PCOR faculty.

The on-campus event, hosted by CHP/PCOR and the California HealthCare Institute, was attended by 24 invited guests, including leaders at Abbott Laboratories, Guidant Corp. and Genentech.

Following introductions by California HealthCare Institute president David Gollaher and CHP/PCOR director Alan Garber, Tunis reviewed recently announced developments at CMS designed to emphasize evidence-based medicine, such as the agency's decision to pay for several emerging (and expensive) therapies, but with one condition: Patients receiving the

treatments — including implantable cardiac defibrillators and new cancer drugs known as biologics — must be enrolled in clinical trials evaluating how well they work. Linking earlier and broader coverage of new medical technologies to prospective data collection, he

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Center on Advancing Decision Making for Aging created

With support from the NIH's National Institute on Aging, CHP/PCOR has created the Center on Advancing Decision Making for Aging (CADMA). CADMA is a multidisciplinary collaboration that will explore how older Americans make decisions about their health and well-being, with the goal of developing and implementing practical methods that will help them make well-informed, effective decisions.



Administered by CHP/PCOR, the new center will have representation from several departments. Collaborators will be drawn from health policy, geriatrics, economics,

medical informatics, psychology, psychiatry, epidemiology and other fields, both at Stanford and at other institutions, including the VA Palo Alto Health Care System.

The center is led by CHP/PCOR director **Alan Garber**, who is CADMA's principal investigator, and by CHP/PCOR associate **Laura Carstensen**, a Stanford professor of psychology who serves as co-principal investigator.

Understanding and improving decision-making by the elderly is particularly important today, Garber said, because the health decisions

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elderly Americans face — on everything from diet and exercise, to choosing a health plan, to creating a “living will” — have become increasingly complex, pervasive, and important to their quality of life. Given the growth of the United States’ elderly population, the decisions they make will have a significant impact on the nation’s healthcare utilization, finances and domestic policies.

“CADMA represents a unique opportunity to better understand decision making by and for the elderly,” Garber said. “CADMA investigators hope to develop better ways to present choices to the elderly, to make sure they understand the consequences of their choices and are happy with the outcomes.”

The initial research projects to be conducted by CADMA will do the following:

- investigate the roles that age-related changes in emotion and cognition play in decision making, especially those surrounding complex topics, such as choice of health plan, and emotionally charged topics, such as death and dying.

- examine how decision-making processes influence day-to-day choices that affect the elderly’s health and functional status, such as decisions regarding diet and exercise
- develop and evaluate support mechanisms provided to patients at medical visits, by integrating computer-based decision support tools with electronic medical records.

The results of the center’s research will be disseminated to patients, their families, their healthcare providers and to policymakers, in addition to being published in scholarly journals.

CADMA is one of 10 Edward R. Roybal Centers for Research on Applied Gerontology, funded by the National Institute on Aging. Named for former House Select Committee on Aging Chair Edward R. Roybal, the centers are designed to translate social and behavioral research findings into programs and policies aimed at improving the health, quality of life and productivity of older Americans. ♦

China-U.S. fellowship trainees study health needs of China’s elderly

In December at the close of the fall quarter, **Ming Wu** of Peking University’s School of Public Health — the 2002-03 trainee for CHP/PCOR’s China-U.S. Health and Aging Research Fellowship — returned from China to present her research project, “Factors Influencing Healthcare Utilization of the Elderly in Urban Beijing.” The previous month, **Pengqian Fang** of Tongji Medical College — the program’s 2004 trainee — completed a year of study at Stanford and returned to China to begin carrying out his project: a detailed health needs assessment of the elderly in rural vs. urban areas of China.

The work of both trainees will contribute valuable knowledge that can help China answer the many important but little-studied questions it must confront as its elderly population grows. The results of their research will help shape nascent policy discussions now taking place in China, about how best to provide healthcare services for the country’s elderly, given the large expected increases in their healthcare needs and utilization, and the trend’s far-reaching financial and social consequences. Very little in-depth research in China has focused on the health needs and status of the elderly, so Wu’s and Fang’s projects are among the first of their kind.

Administered jointly by CHP/PCOR and the China Health Economics Institute, the China-U.S. Health and

Aging Research Fellowship aims to improve healthcare quality and efficiency in China, through an arrangement in which selected Chinese health services researchers come to Stanford to study for six months to a year, after which they return to China to conduct an original research project. The fellowship is funded by the National Institutes of Health’s Fogarty International Center.

Wu, professor and director of the Department of Health Policy and Management at Peking University’s School of Public Health, presented her research results at CHP/PCOR at a Dec. 15 Research in Progress seminar. Her project entailed a household survey of 3,011 elderly people in 2,110 households, conducted through in-home interviews in a district of Beijing in November 2003. The survey collected a variety of information from the respondents, including their demographic characteristics, family income and spending, health status, desire to visit a doctor, recent healthcare utilization and expenditures, source of payment, health insurance coverage, and social supports.

Wu began by presenting information about the growth of China’s elderly population and the challenges posed by the trend. According to the country’s 2000 census, China has 132 million people over age 65, making up more than

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U.S.-CHINA FELLOWSHIP, FROM PAGE 2

10 percent of the population; the over-80 population, which numbers 10 million people, is increasing by 5.4 percent a year; and about 20 percent of all elderly people in the world live in China.

Wu explained that while developed countries such as the United States have experienced a long period of population aging generally accompanied by economic growth — and these countries therefore had ample time and resources to respond — the situation is quite different in China. There, the aging trend is occurring much more rapidly, in a climate of limited economic development.

Moreover, since the 1970s traditional values and family structures in China have changed, and families' ability to care for the elderly has consequently weakened, but new healthcare programs and services for the elderly have not been effectively established. For example, about 35 percent of elderly people living in urban areas have no government-provided health insurance.

Wu's survey sought to determine what proportion of elderly residents in Beijing were failing to receive needed healthcare services; to identify the key factors influencing their healthcare utilization; and to discuss potential policies that could improve their healthcare utilization. Her main findings include:

- 79 percent of those surveyed have chronic disease, and 40 percent have a disability.
- Most of the elderly who have disabilities need social support to provide their long-term care. Most of this care is provided by family members. More formal medical services and programs — such as health insurance and long-term care facilities — have not played a significant role in improving care for the elderly.
- Outpatient and inpatient health services are underutilized by the elderly. About 25 percent of those who reported being ill in the previous two weeks did not visit a doctor, choosing self-treatment measures instead. Furthermore, 32.6 percent of those who should be receiving inpatient services were not receiving this care.
- Most of healthcare services used by the elderly are more expensive services provided by hospitals at the city level.
- The elderly in the lowest income group are least likely to have health insurance.

While developed countries have experienced a long period of population aging accompanied by economic growth, the situation is quite different in China.

- 8.6 percent of the households surveyed couldn't afford health care at any cost; 9.1 percent of them couldn't afford the average cost of outpatient services; and 31.4 percent couldn't afford inpatient services, using annual family income after paying for basic living expenses.

CHP/PCOR faculty attending the seminar asked Wu several questions about how health care is provided in China, the data analysis methods used in the project, and the definitions of various terms used. Based on this and other input, Wu will continue to analyze her survey data and refine the results.

For Fang's project, he is seeking to document the health disparities between China's rural and urban elderly population. He plans to use his findings to propose healthcare assistance programs for the elderly in rural areas of China. He will conduct a detailed survey of the healthcare status, needs and utilization of elderly people in rural and urban areas, through in-home interviews in three Chinese provinces with different geographic and

socioeconomic characteristics: Guizhou (in southwest China), Hubei (in central China) and Guangdong (in the southeast).

Fang, director and associate professor of healthcare management at Tongji Medical College, said this research is needed because 70 percent of

China's elderly population live in rural areas, and the rural elderly face particular challenges in getting high-quality, affordable health care. In China's rural areas, there are few clinics and hospitals, and health insurance is virtually nonexistent. Compared with elderly people in urban areas, Fang said, those in rural areas have a shorter life expectancy and a poorer quality of life. "This research will show the disparities, and encourage a dialog about policies to help rural elderly people in China," he said.

Fang plans to conduct his survey in the first half of 2005, analyze the data in the summer and fall, and present the results at CHP/PCOR in November. In each of the three provinces, the study team will recruit 500 households and interview all individuals age 65 and over who reside there, for an estimated final sample of 2,500.

The respondents will be asked for a variety of information, including their income and education, insurance status, health status and chronic conditions, activities of daily living, social activity, mental health, utilization of healthcare services, and accessibility and affordability

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Media cover research on defibrillator disparities, HRT, anesthesia impact

In the fall quarter, the news media covered work by CHP/PCOR faculty and affiliates on racial disparities in the use of implantable cardioverter-defibrillators; the promotion of low-dose forms of hormone replacement therapy; and the long-term impact of surgery and anesthesia. In addition, an opinion column presented CHP/PCOR faculty members' views on cutting healthcare costs.

A study on implantable cardioverter-defibrillators (ICDs), conducted by CHP/PCOR director **Alan Garber** and fellow **Paul Heidenreich** along with Peter Groeneveld (first author) at the University of Pennsylvania, was published in the Jan. 4 issue of the *Journal of the American College of Cardiology* and was covered by the *Wall Street Journal*. The researchers analyzed discharge abstracts from black and white Medicare beneficiaries hospitalized with ventricular arrhythmias, to determine whether the patients had an ICD implanted within 90 days of hospitalization. They also examined whether geographic variation in ICD use contributed to national levels of racial disparity.

The authors found that disparities between blacks and whites in ICD utilization decreased measurably during the 1990s, but that persistent disparities remained. As late as 1999, for example, elderly black patients with ventricular arrhythmias were only two-thirds as likely as whites to receive an ICD.

The findings also suggest that geographic factors have contributed significantly to racial disparities in defibrillator use. Specifically, the healthcare systems where black patients are more likely to receive care, have adopted the technology at apparently insufficient rates.

A study on the marketing of hormone replacement therapy, led by CHP/PCOR fellow **Randall Stafford** and published in the Oct. 27 *Journal of the American Medical Association*, examined the pharmaceutical industry's response to evidence of harm from postmenopausal hormone replacement therapies (HRT) containing estrogen and progestin. Stafford's team used data from two independent market research companies to estimate drug companies' promotional spending for these therapies before and after July 2002, when researchers reported that older women taking HRT with estrogen/progestin had a higher incidence of heart attacks, breast cancer, stroke and blood clots.

Stafford's team found that pharmaceutical companies slashed their promotional spending for hormone therapies by more than a third — from \$71 million to \$45 million — after these results were reported. Starting in spring

2003, however, the companies began to increase their marketing efforts — to about \$55 million by the end of 2003 — to promote lower-dose forms of HRT.

"Physicians should recognize that the promotion of pharmaceuticals might have a bigger impact on their practice than they often acknowledge, particularly when evidence is lacking," Stafford said. The study results were covered by United Press International (UPI), the *Atlanta Journal-Constitution*, the *Toronto Globe and Mail*, the *Vancouver Sun* and HealthDay news.

CHP/PCOR fellow **David Gaba** led an expert-panel conference on "The Long-term Impact of Surgery and Anesthesia," convened by the Anesthesia Patient Safety Foundation on Sept. 21-22 in Boston. The conference, the first of its kind, was held in light of a growing awareness among medical experts that surgery and anesthesia may have a much more serious and more long-term impact on patients than previously thought. Research has estimated that up to 50,000 patient deaths annually may be related to the impact of surgery and anesthesia.

Participants at the conference — medical experts along with representatives from government entities and healthcare quality organizations — reviewed the recent data on this issue, recommended further research to clarify the uncertainties surrounding it, and discussed potential interventions to prevent long-term problems from surgery and anesthesia.

"This convergence of so many specialties focusing intensely on critical questions surrounding surgery may, we hope, produce eventual revelations about how we care for a patient before, during and long after surgery," said Gaba, who is director of the Patient Safety Center of Inquiry at the VA Palo Alto Health Care System and secretary of the Anesthesia Patient Safety Foundation, as well as a professor of anesthesia at Stanford.

National Public Radio's "All Things Considered" program aired a segment quoting Gaba, which discussed the conference and the issues it examined.

A Nov. 18 *New York Times* opinion column discussed the key ideas advocated by CHP/PCOR core faculty member **Alain Enthoven** to control the nation's healthcare costs: more competition, more choice of health plans and providers, and stronger incentives for individuals to choose economical health plans. The column also cited research by **Victor Fuchs** finding that if current trends continue, by 2020 health spending by or for the elderly will exceed their spending on all other goods and services. ♦

Eisenberg lecturer discusses hidden barriers to quality improvement

With all the initiatives undertaken in recent years to improve quality of care and boost patient safety, why hasn't more progress been made on this front? Barbara McNeil, MD, PhD, a radiologist, professor and founding head of the Department of Health Care Policy at Harvard Medical School, addressed this question Nov. 17 as the featured speaker for the second annual John Eisenberg Legacy Lecture, sponsored by CHP/PCOR along with the Institute for Health Policy Studies at UC San Francisco, UC Berkeley's Center for Health Research and the School of Public Health, and the California HealthCare Foundation.

In her talk, held at UC Berkeley and titled "Surprising Barriers to Improving Medical Care," McNeil discussed some overlooked factors that may impede even the most well-designed quality improvement efforts. The factors included clinicians' and patients' biases, and more measurable factors such as inadequate clinical data.

For each of the barriers she discussed, McNeil presented recent examples and research studies illustrating them, followed by key take-home messages.

The first overlooked barrier, she said, is that the data which form the basis for some clinical decision making is inadequate, because of several factors: (1) it takes too long to get good data; (2) a significant proportion of clinical research findings are never published; and (3) the results of clinical trials often cannot be generalized to the overall public, because the trials are conducted with patients who are typically younger, healthier and less ethnically diverse than those who will use the treatment in the real world.

McNeil presented a chart showing that it takes an average of three to five years to obtain clinical data on high-tech diagnostic procedures including digital mammography and the use of CT scans to stage various cancers. Beyond this data-gathering period, she noted, it typically takes about a year to develop the initial protocol, and then likely another year for publication.

Furthermore, as the news media widely reported this summer, clinical trial findings that are negative are frequently not published by investigators or by corporate sponsors — a recent high-profile example being the withheld data on the dangers of some antidepressant medications when used in children. "If doctors are making decisions based on incomplete data, you can see how they

could make errors that could adversely affect quality," McNeil said.

Another overlooked barrier to quality improvement, she explained, is differences in judgment among healthcare providers, based on their medical specialty, personal values and other factors. In a 1998 study, for example, three panels of physicians were asked to review the cases of nearly 1,300 patients who had undergone coronary angiography.

Each panel was then asked to use the Delphi Process (a structured method for reaching a consensus of opinion in medicine) to determine how many of the angiographies were medically necessary. Even when using this process—designed to eliminate bias and considered a state-of-the-art consensus-building tool—the panels' determinations of medical necessity varied by about 20 percent.

McNeil presented other studies showing that invasive cardiologists were more likely than primary care physicians to recommend a cardiac catheterization for post-heart-attack patients, while HMO physicians were more likely than non-HMO physicians to recommend against the procedure. "The point here is that

providers have biases, and those biases can affect their clinical recommendations in a suboptimal way," she said.

Similarly, she explained, patients have their own biases, which can affect their healthcare decisions. She discussed a study in which members of the public who might one day need eye surgery rated their preference for physician #1, who had graduated from Harvard and had done the procedure on 80 patients, or physician #2, who had graduated from Iowa University and had done the procedure on 300 patients. When patients were given information on just one physician at a time, more gave the Harvard physician a higher rating. When patients were given information about both physicians together, more of them gave the Iowa physician a higher rating.

The study, McNeil said, illustrates that it's important to understand patients' biases and preferences and to give them as much information as possible to help them make decisions. "We've got a long way to go before we make consumerism a household word in health care," she said.

The last challenge McNeil discussed was determining the optimal use of new medical technologies in the face



Barbara McNeil, MD, PhD, speaks at the John Eisenberg Legacy Lecture.

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CDEHA funding renewed, seed projects chosen

In early October, CHP/PCOR received word that the NIH's National Institute on Aging has renewed its funding for the Center on the Demography and Economics of Health and Aging (CDEHA) at Stanford, for a five-year period ending June 30, 2008. Administered by CHP/PCOR, CDEHA promotes the study of trends in demography, economics, health and health care, and the effects of these trends on the well-being of the elderly.

The funding renewal for CDEHA comes at a time when the NIH is attracting an extraordinarily large number of grant applications, while discretionary budgets are flat or shrinking. "In these tight times, successfully competing for a renewed center grant is cause for celebration," said CHP/PCOR director **Alan Garber**. "I want to thank everyone involved, for their hard work on the funding proposal and their continued participation in CDEHA."

The advisory committee for CDEHA has awarded one year of funding to four seed projects, which have also been approved by the NIH. The projects, and their grantees

and mentors (with the names of CHP/PCOR faculty and affiliates highlighted), are the following:

- "Affective Forecasting Across the Lifespan" — grantees **Brian Knutson** and **Lis Nielsen**, mentor **Laura Carstensen**
- "National Trends and Practice Patterns of Detection and Treatment of Hypertension During Ambulatory Visits in the United States" — grantee **Jun Ma**, mentor **Randall Stafford**
- "Effects of Obesity on Employer-sponsored Health Insurance" — grantees **Kate Bundorf** and **Jay Bhattacharya**, mentor **Alan Garber**
- "Elder-care, Gender, and Son Preference: The Role of Cultural Transmission and Diffusion During the Process of Rural-urban Migration in China" — grantee **Shuzhuo Li**, mentor **Marcus Feldman**

Stay tuned in the coming months for more news about CDEHA and these seed projects. ♦

Publications from the fall 2004 quarter

Baker LC, Phillips KA, Haas JS, Liang SY, Sonneborn D. "The effect of area HMO market share on cancer screening." *Health Services Research* 39, no. 6, part 1 (December 2004): 1751-1772.

Bhattacharya J, Goldman D, Sood N. "Price regulation in secondary insurance markets." *Journal of Risk and Insurance* 71, no. 4 (December 2004): 643-675.

Brandeau ML, Sainfort F, Pierskalla WP, editors. *Operations Research and Health Care: A Handbook of Methods and Applications*. Kluwer Academic Publishers (2004).

Bundorf MK, **Singer SJ**, **Wagner TH**, **Baker LC**. "Consumers' use of the Internet for health insurance." *American Journal of Managed Care* 10, no. 9 (September 2004): 609-616.

Fuchs VR. "Reflections on the socio-economic correlates of health." *Journal of Health Economics* 23, no. 4 (2004): 653-661.

Fuchs VR. "Perspective: More variation in use of care, more flat-of-the-curve medicine." *Health Affairs* (October 7, 2004): 104-107. *This article was a *Health Affairs* "Web exclusive"

Fuchs VR, **McClellan MB**, Skinner J. "Area Differences in Utilization of Medical Care and Mortality Among U.S. Elderly." Chapter in *Economics of Aging*,

editor DA Wise. NBER/University of Chicago Press (2004).

Garber AM, Sox HC. "The U.S. physician workforce: serious questions raised, answers needed." *Annals of Internal Medicine* 141, no. 9 (Nov. 2, 2004): 732-734.

Garber AM. "Corporate treatment for the ills of academic medicine." *New England Journal of Medicine* 351, no. 16 (Oct. 14, 2004): 1601-1603.

Groeneveld PW, **Owens DK**. "Cost-effectiveness of training unselected laypersons in cardiopulmonary resuscitation and defibrillation." *American Journal of Medicine* 118, no. 1 (January 2005): 58-67.

Groeneveld PW, **Heidenreich PA**, **Garber AM**. "Trends in implantable cardioverter-defibrillator racial disparity: the importance of geography." *Journal of the American College of Cardiology* 45, no. 1 (Jan. 4, 2005): 72-78.

Hlatky MA, Boothroyd DB, Melsop KA, Brooks MM, Mark DB et al. "Medical costs and quality of life 10 to 12 years after randomization to angioplasty or bypass surgery for multivessel coronary artery disease." *Circulation* 110 (Oct. 5, 2004): 1960-1966.

Humphreys K. *Circles of Recovery: Self-help organisations for addictions*. Cambridge, England: Cambridge University Press (2004).

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SEAN TUNIS, FROM PAGE 1

explained, retains evidence-based medicine as a key basis for CMS' coverage decisions, while reframing the concept of "medical necessity" to include ongoing considerations of the benefits of an intervention.

In a key focus of the meeting, Tunis then discussed his ideas for developing a "coherent technology policy framework" that CMS would use to evaluate new medical technologies for coverage determinations.

Such a framework, Tunis said, must emphasize value as well as quality and safety, must include incentives for appropriate use, and must create an environment that encourages continued innovation. Noting that medical technology is widely known to be a major driver of increasing healthcare costs, Tunis said healthcare payers should consider not only how much patients would benefit from a new treatment, but whether the same money might produce greater benefits if spent on other priorities, such as quality improvement programs or higher pay for nurses.

Tunis then sought input from the attendees, who responded with several comments and questions. CHP/PCOR core faculty member **Victor Fuchs** said one important issue is centralized vs. decentralized dissemination of evidence-based information to healthcare providers. Saying that centralizing this function would be more helpful and efficient than the current fragmented system, Fuchs proposed the creation of an independent Institute for Technology Assessment, which he said should be funded by a process that does not rely on politically charged annual appropriations.

Regarding clinical trials for new drugs, CHP/PCOR core faculty member **Alain Enthoven** said such trials should compare the new drug to the standard treatment instead of a placebo, in order to promote better decision-making.

Pharmaceutical industry executives at the event raised concerns that increasing scrutiny of new treatments could hinder medical innovation. One executive said given the large investments of time and money needed to develop a successful new product, one of his biggest problems in planning R&D is uncertainty about what Medicare's approval standards will be a decade from now.

In response, Fuchs asked the biotech industry representatives if they would prefer a system that specifies a cost-per-QALY (quality-adjusted life year) threshold for Medicare approval. Most of the participants said yes.

Tunis acknowledged the obstacles to CMS' plans for evidence-based coverage, saying, for example, that the move might be viewed by some as interfering with doctor-patient decisions. But he also voiced optimism that a rational decision-making framework could be developed that would be acceptable to all, or at least most, stakeholders.

The roundtable participants indicated afterward that they hoped CHP/PCOR would continue to facilitate such rewarding discussions among regulators, industry representatives and Stanford faculty. "We can provide a neutral zone for ideas to be shared constructively, with an emphasis on bringing insights from different perspectives to current policy problems," said CHP/PCOR executive director **Kathryn McDonald**. ❖

EISENBERG LECTURE, FROM PAGE 5

of political and industry pressure. McNeil said it's clear that corporate and political interests can exert pressure on doctors in a way that can lead to excessive use of medical technologies. "We need to keep our eyes on this and make sure new technologies are used appropriately, as one vehicle for keeping costs under control," she said.

In a question-and-answer session following McNeil's talk, an audience member asked for her thoughts on the use of multidetector CT scans of the heart — a new method for quickly diagnosing heart disease, which could ultimately replace diagnostic angiograms but could also lead to overuse. "It's a tricky issue, and I don't know how we're going to resolve it," McNeil said. She noted that several hospitals have acquired the technology, including hers at the Brigham and Women's Hospital, and that efforts are being made to develop guidelines for its appropriate use.

Despite the many barriers to improving quality of care, McNeil said, "I believe we should go full-steam ahead on all of the current activities and approaches, but we have to beware of the hidden problems that can impede our progress."

She expressed optimism that real progress can be made on healthcare quality, through open-minded discussion and committed, collaborative efforts by people like those attending her talk. "If anybody can change things, it's a group like this, with so many talented physicians, students and researchers. If the Red Sox can do it, we can do it."

The Eisenberg Legacy Lecture honors Dr. John Eisenberg, a renowned internist and health services researcher who directed the Agency for Healthcare Research and Quality (AHRQ) from 1997 to 2002. The lecture, funded by the California HealthCare Foundation, rotates each year among the three university campuses. ❖

CHP/PCOR Profile: Kaleb Michaud

trainee with the Agency for Healthcare Research and Quality Fellowship Training Program

Research interests: modeling disability, costs and other outcomes in rheumatoid arthritis

Where he's from: born in Lincoln, Nebraska; raised in Mount Hope, Kansas (pop. 800)

Education and training: received a BS in physics and astronomy from the University of Rochester, an MS in physics from Stanford, and now working toward a PhD in physics



Career path to CHP/PCOR: Michaud came to Stanford in 1997 to study physics, and for three years he worked in a biophysics lab, doing experiments on lipid bilayers. In 2001, however, problems from juvenile rheumatoid arthritis forced him to take a leave of absence from his physics work. Michaud went to Wichita, Kansas to work as a data analyst with the National Databank for Rheumatic Diseases, which tracks thousands of patients through longitudinal surveys. He was offered the job by the databank's founder, Frederick Wolfe, MD, a rheumatologist who had been Michaud's physician since childhood and had employed him as a research assistant for two summers in college.

Working at the rheumatic diseases databank opened up a new field for Michaud; he worked on designing and assessing the patient questionnaire, and he learned to use statistical software. Based on this work, he published several papers on the costs and outcomes of rheumatoid arthritis, and gained new perspectives on the disease.

"The thinking used to be, if you have rheumatoid arthritis, it's going to get progressively worse, and there's not much you can do about it," he said. "In the last few years, we've seen a revolution with new biologic therapies that work much better than the old drugs — I know, because I use them. It's rewarding for me to do this work, evaluating new therapies and outcomes for the disease."

When he returned to Stanford in 2003, he changed his physics dissertation topic to focus on modeling disability, costs and outcomes for rheumatoid arthritis. He took several courses in statistics and health services research, including courses taught by CHP/PCOR core faculty member Jay Bhattacharya, who agreed to be his advisor.

Current research: In addition to his arthritis research, Michaud is working with CHP/PCOR trainees Melinda Henne, Hau Liu and Smita Nayak on a project evaluating the cost-effectiveness of osteoporosis therapies.

Long-term goals: to conduct health services research for the government, academia or a private think tank

Hobbies: writing and hosting murder-mystery parties; performing in vocal and instrument groups; playing cards

Little-known fact: In 1989 he was crowned the "National Rabbit King" at the American Rabbit Breeders Association national convention, recognizing him as the male youth most knowledgeable about rabbits.

Grants from the fall 2004 quarter

Grants awarded:

"Center on Advancing Decision Making for Aging (CADMA)"

NIH/National Institute on Aging

Principal investigator: Alan Garber

Project period: 9/30/04-7/31/05

"Have Education-related Disparities in Obesity Increased Over Time?"

U.S. Department of Agriculture

Principal investigator: Jay Bhattacharya

Project period: 10/1/04-6/30/05

"Center on the Demography and Economics of Health and Aging (CDEHA)"

NIH/National Institute on Aging

Principal investigator: Alan Garber

Project period: 9/30/04-6/30/05

Grants submitted:

"An Equitable, Efficient, and Sustainable Medicare for the 21st Century"

Smith Richardson Foundation

Principal investigator: Alan Garber

Project period: 6/1/05-5/31/08

Medical Decision Making meeting roundup

Several CHP/PCOR researchers attended and presented their work at the 26th annual meeting of the Society for Medical Decision Making (SMDM), held Oct. 17-20 in Atlanta. CHP/PCOR core faculty member **Doug Owens** co-chaired the meeting along with Phaedra Corso from the Centers for Disease Control and Prevention. CHP/PCOR adjunct associate **Gillian Sanders** (a former core faculty member) was co-chair of the scientific sessions.

The following research conducted by CHP/PCOR faculty, staff and affiliates was presented at the meeting:

“Alchemist-Frontier: A Web-based Application to Facilitate Analysis of Decision Models Comparing Multiple Possible Sequences of Diagnostic Tests.” **Gillian Sanders, Dennis Lin, Jo Kay Chan, Michael Gould.**

“Can Interventions for Asthma be Modeled through an Objective Measure of Lung Function?” **Sally Araki, Anne Fuhlbrige, David Paltiel, Katherine Croom, Scott Weiss, Karen Kuntz.**

“Cost-effectiveness of the Implantable Cardioverter Defibrillator in the MADIT-II Population.” **Gillian Sanders, Mark Hlatky, Doug Owens.**

“Cost-effectiveness of Partially Effective HIV Vaccines in the Era of Highly Active Antiretroviral Therapy.” **Doug Owens, John Cavallaro, Donna Edwards, Ross Shachter.**

“Cost-effectiveness of HIV Screening in the Elderly.” **Gillian Sanders, Vandana Sundaram, Ahmed Bayoumi, Mark Holodniy, Doug Owens.**

“Cost-effectiveness of Alternative Strategies for Stockpiling and Dispensing Medical and Pharmaceutical Supplies for a Response to Anthrax Bioterrorism.” **Dena Bravata, Gregory Zaric, Jon-Erik Holty, Margaret Brandeau, Emilee Wilhelm, Kathryn McDonald, Doug Owens.**

“Health and Economic Effects of a Proposed California Cigarette Excise Tax Increase.” **Mike Ong, Benjamin Alamar, Stanton Glantz.**

“Impact of AIDS-related Events and Non-AIDS Serious Adverse Events on Health-related Quality of Life in a Multinational Trial of Antiretroviral Therapy.” **Sally Araki, Vilija Joyce, Vandana Sundaram, Gillian Sanders, Wei Yu, Doug Owens,** the OPTIMA investigators *et al.*

“100 Years of Inhalational Anthrax: A Systematic Review of Cases from 1900 to 2001.” **Jon-Erik Holty, Dena Bravata, Hau Liu, Emilee Wilhelm, Gregory Zaric, Kathryn McDonald, Doug Owens.**

“Provider Adherence with Quality Improvement Strategies for Management of Hypertension: A Systematic Review.” Judith Walsh, **Kathryn McDonald, Kaveh Shojania, Vandana Sundaram, Robyn Lewis, Smita Nayak, Jody Mechanic, Doug Owens, Mary Goldstein.**

“Quality Improvement Strategies for Hypertension: A Systematic Review.” Judith Walsh, **Kathryn McDonald, Kaveh Shojania, Vandana Sundaram, Robyn Lewis, Smita Nayak, Jody Mechanic, Doug Owens, Mary Goldstein.**

“Utility-based Assessments of Quality of Life in a Randomized Trial of Antiretroviral Therapy in Advanced HIV Disease.” **Vilija Joyce, Sally Araki, Vandana Sundaram, Gillian Sanders, Wei Yu, Doug Owens,** the OPTIMA investigators *et al.*

“Variations in Physicians’ Treatment Recommendations for the Management of Endometriosis Pain.” **Sally Araki, Hilary Llewellyn-Thomas, Anna Tosteson, Milton Weinstein, Mark Hornstein, Mark Laufer, Karen Kuntz.**

PUBLICATIONS, FROM PAGE 6

Humphreys K, Timko C, Moos R. “Gender differences and the influence of being married on help-seeking and alcohol abuse.” Chapter in *Addiction in the life course perspective*, editors P Rosenqvist, J Blomqvist, A Koski-Jannes, L Ojesjo. Helsinki, Finland: Nordic Council for Alcohol and Drug Research (2004): 103-116.

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U.S.-CHINA FELLOWSHIP, FROM PAGE 3

of medical care. The researchers will also interview community healthcare workers to seek information on the elderly's health needs and the barriers they and their healthcare providers face.

Fang said his research plan has been much improved, thanks to the guidance he received from CHP/PCOR faculty. Overall, he said, "I have learned very much from Stanford and this program. The classes I attended gave me very useful ideas." He noted that since health services research is a young field in China — about 10 years old — "we learn a lot from the United States, like how to ask the research question, and how to design a study."

When he resumes teaching in China, Fang said he will incorporate some of the techniques he saw used at Stanford, including a more interactive, open teaching

style and the use of additional teaching materials, such as journal articles, instead of textbooks only.

One aspect of Stanford that particularly impressed Fang was its emphasis on interdisciplinary collaboration. "This is a very good feature — the close relationship between different fields," he said. "In China we are more focused on one narrow field." Fang said he is interested in establishing research collaborations between Stanford and Tongji Medical College.

Officials at the China Health Economics Institute conducted a review of the fellowship program last fall, and they concluded that it has been successful and valuable. CHEI leaders said the trainees' Stanford experience has enhanced their intellectual abilities, their knowledge of research methodology, their leadership capacity and their ability to collaborate internationally. ♦

PUBLICATIONS, FROM PAGE 9

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Wolfe F, **Michaud K**. "Data collection, maintenance, and analysis for rheumatic disease research." *Rheumatic diseases clinics of North America* 30, no. 4 (November 2004): 753-768.

Wolfe F, **Michaud K**, Pincus T. "Development and validation of the health assessment questionnaire II: a revised version of the health assessment questionnaire." *Arthritis and rheumatism* 50, no. 10 (October 2004): 3296-3305.

Yoo BK, **Bhattacharya J**, **McDonald KM**, **Garber AM**. "Impacts of informal caregiver availability on long-term care expenditures in OECD countries." *Health Services Research* 39, no. 6 (December 2004): 1971-1992.

Presentations from the fall 2004 quarter

**For presentations given at the Society for Medical Decision Making annual meeting, see article on page 9.*

Alain Enthoven:

"U.S. health insurance: Medicare or markets? The death knell of private health insurance in the United States." American Society of Hematology, Dec. 5, 2004 in San Diego, Calif.

Mary Goldstein:

"Disutility of functional limitations in elders: functional limitations and independence research." Gerontological Society of America Annual Meeting, Nov. 22, 2004 in Washington, D.C.

"Clinical decision support systems." Center for Health Care Evaluation, VA Palo Alto Health Care System, Nov. 16, 2004 in Palo Alto, Calif.

Michael Gould:

"Cost-effectiveness of PET for lung cancer diagnosis and staging." Chest 2004: International Scientific Assembly of the American College of Chest Physicians, October 2004 in Seattle, Wash.

Keith Humphreys:

"Addiction treatment research: What do we really know?" Plenary talk at ceremony commemorating the retirement of Griffith Edwards as editor of *Addiction*,

presented at the Society for the Study of Addiction, Nov. 18, 2004 in York, England.

"Drug abuse treatment in the Department of Veterans Affairs." Briefing for the Subcommittee on Criminal Justice and Drug Policy, Government Reform Committee of the U.S. House of Representatives, Dec. 14, 2004 in Washington, D.C.

Rudolf Moos:

"Social contexts, coping and well-being: What we know and what we need to know." Keynote address at the 12th Congress of the Mexican Psychological Association, September 2004 in Guanajuato, Mexico.

"The social environment and substance abuse: Thirty-three theses up on the wall." Conference on Approaches for Combating the Troublesome Use of Substances (CACTUS), October 2004 in Albuquerque, N.M.

Mark Smith:

"Child abuse and welfare use." National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Nov. 9, 2004 in Atlanta, Ga.

Randall Stafford:

"Has ALLHAT changed prescribing for hypertension?" Institute of Medicine, National Academy of Sciences, Conference on Effectiveness Research, November 2004 in Washington, D.C.

Announcements from the fall 2004 quarter

CHP/PCOR fellows **Kate Bundorf** and **Loren Baker** gave a presentation on key health policy issues, at a series of media briefings hosted Sept. 27-28 by the Stanford School of Medicine's Office of Communications and Public Affairs. The two-day event, which featured presentations from medical school faculty on a wide range of subjects, was attended by more than 30 medical and science journalists from major U.S. newspapers and magazines. Baker discussed the United States' steadily rising healthcare expenditures and the implications of the trend, emphasizing the need to allocate medical technology more efficiently and use it more prudently. Bundorf discussed the growing number of uninsured Americans and the diverse, changing nature of this population.

China-U.S. Health and Aging Research Fellowship trainee **Pengqian Fang** and CHP/PCOR fellow **Wei Yu** (also associate director of the fellowship) represented CHP/PCOR at the annual network meeting of U.S. institutions

that have received International Clinical, Operational and Health Services Research and Training Awards (ICOHRTA) from the NIH's Fogarty International Center. The meeting was held in Bethesda, Md., Oct. 12-14. Yu reported on the status, achievements and future plans of CHP/PCOR's ICOHRTA program, and he participated in discussions about how to improve the communication of these programs. Yu also presented research by trainee **Ming Wu** on health insurance reform in Beijing, while Fang presented his work on evaluating medical financial aid to poor residents in rural areas of China.

CHP/PCOR associate **Barbara Koenig** was appointed to the Ethics Workgroup of the Centers for Disease Control and Prevention's Advisory Committee to the Director. The workgroup will advise the director about ethical issues in public health practice, such as those raised by the recent shortage of flu vaccine.

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ANNOUNCEMENTS, FROM PAGE 11

In addition, Koenig has accepted a position as a professor of biomedical ethics and a research consultant at the Mayo Clinic Foundation/Mayo College of Medicine in Rochester, Minn., starting July 1.

Job opening: The VA Health Economics Resource Center seeks to hire a full-time health economist. See the ad for the position in Job Openings for Economists, <http://www.aeaweb.org/joe/0411d/html/>

Hellos and goodbyes:

In the fall quarter CHP/PCOR welcomed new research staff members **Arnulfo Medina**, **Karina Meneses** and **Sarah Songer**, as well as new CHP/PCOR adjunct associate **Yu-Chu Shen**.

Medina is the intervention manager for CHP/PCOR's "Improving Patient Safety Culture and Outcomes in Health Care" project. He has worked on studies on the transmission of *Helicobacter pylori* bacteria in humans, and on the prevalence of congenital human cytomegalovirus infection in newborns. He received a BA in human biology at Stanford, with a concentration in healthcare policy in underserved communities.

Meneses is a bilingual (Spanish and English) research interviewer for the FLAIR project. Previously, as an RA for a project called Resources for Enhancing Alzheimer's

Caregiver Health, she recruited subjects for the project and conducted in-home screenings and interviews. She received a BA in psychology from San Jose State University.

Songer is also an RA for the FLAIR project. She previously worked on a research project in the Folklore Department at UCLA, where she received a BA in comparative literature, with a minor in Russian studies.

Shen is an assistant professor of economics at the Naval Postgraduate School in Monterey, Calif. She will be working with CHP/PCOR researchers on projects related to organizational changes in the hospital industry and hospital performance. She has an undergraduate degree in applied mathematics, and a PhD in health policy, both from Harvard University.

CHP/PCOR said farewell this fall to RA **Emory Brock**, with the FLAIR project, and to **Pengqian Fang**, trainee with the China-U.S. Health and Aging Research Fellowship program. Brock went to work for a San Mateo-based healthcare benefits company; he can be reached at Emory.Brock@stanfordalumni.org. Fang has returned to China to conduct his fellowship research project and to resume his position as director and associate professor of healthcare management at Tongji Medical College. He can be reached at Pfang@mails.tjmu.edu.cn. Best wishes to them both! ❖



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Comments are welcome
at Selis@Stanford.edu.

Health services 'Research in Progress' seminars

Fall quarter 2004:

Sept. 29: Laurence Baker, "Physician Practice Size and Practice Patterns for Acute Myocardial Infarction"

Oct. 6: Sally Araki, Practice Session for Presentations at 2004 Society for Medical Decision Making Meeting

Oct. 13: Jay Bhattacharya, "The Labor Market and Adverse Selection in Health Insurance"

Oct. 20: No RIP (Society for Medical Decision Making annual meeting)

Oct. 27: Kate Bundorf, "The Incidence of the Healthcare Costs of Obesity"

Nov. 3: Harrison Chow, "A Cost-benefit Analysis of the use of Radiofrequency Identification (RFID) Technology in Preventing Retention of Surgical Sponges"

Nov. 10: Paul Wise, "The End of Pediatrics"

Nov. 17: Rita Redberg, "Health Policy 2004: A View From a Robert Wood Johnson Health Policy Fellow in the U.S. Senate"

Winter quarter 2005:

Jan. 12: Margaret Brandeau, "Evaluating the Cost-effectiveness of the Bill & Melinda Gates Foundation's India AIDS Initiative: A Blueprint"

Jan. 19: Paul Heidenreich, "The Cost-Effectiveness of Different Drugs for the Treatment of Hypertension: An Economic Analysis of ALLHAT"

Jan. 26: Christy Dosiou, "Screening for Hypothyroidism in Pregnancy: A Cost-effectiveness Analysis"

Feb. 2: Kathryn McDonald, "Development of Pediatric Quality Indicators using Hospital Discharge Data"

Feb. 9: Susana Martins, "A Functionality and Usability Evaluation of a Software Architecture for Intelligent, Interactive Query and Exploration of Time-Oriented Clinical Data"

Feb. 16: Sumant Ranji, "Quality Improvement Strategies for Appropriate Antibiotic Usage"

Feb. 23: Smita Nayak, "Accuracy of Calcaneal Ultrasound for Identifying Patients Meeting the World Health Organization's Diagnostic Criteria for Osteoporosis: A Systematic Review"

March 2: Dena Bravata and Adi Raveh, "CoPlot: A Novel Method for Graphical Analysis of Multivariate Data"

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, multi-disciplinary research on critical issues of health policy and healthcare 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>.