

The NEWSBRIEF

Midwest Center for Health Services & Policy Research
VA HSR&D Center of Excellence

*MCHSPR (151H)
Hines VA Hospital
5th and Roosevelt Roads
Hines, IL 60141*

QUERI & Funded Grants on 2

*Special journal issue on SCI
QUERI implementation*

QUERI has three new LIPs.

New Faculty on 3

COPD research

Michael Fischer

Neil Jordon

Recent Publications on 4



Academic Experts in Implementation Research Grant Funded

In late 2003, the Office of Research and Development (ORD) and Health Services Research and Development (HSR&D) issued a program announcement for 'Supplements to support collaboration between VA and Academic Experts in Implementation Research'. The goal of this solicitation was for HSR&D centers to develop and enhance relationships with non-VA researchers who have expertise in the implementation of evidence-based clinical practice and the study of implementation processes.

The MCHSPR application was one of the first supplements funded under this solicitation. It is a joint effort between MCHSPR and the SCI QUERI to bring in implementation experts to assist and educate HSR&D researchers on how to conduct implementation research. Our experts include:

The Medical Informatics and Health Services Research Section of the Regenstrief Institute, including William Tierney, MD, a senior research scientist at the Institute, founding faculty member of the School of Informatics at Indiana University (IU), and Chief of IU's School of Medicine's Division of General Internal Medicine and Geriatrics.

Marian Fitzgibbon, PhD, Professor in the Departments of Psychiatry and Behavioral Sciences, and Preventive Medicine, Northwestern University. Her work has focused on prevention, health promotion and patient behavior change.

Julie Mohr, PhD, Assistant Professor, Department of Medicine, Section of General Internal Medicine, University

of Chicago. Dr. Mohr has served as a consultant to the Institute of Medicine Committee on Quality of Health Care in America. She developed an assessment tool for use in quality improvement work in Clinical Microsystems.

Cheryl Stetler, RN, PhD, FAAN is a consultant in evidence-based practice for several organizations including the World Health Organization and the VA's QUERI program. She is an expert in formative evaluation and in evaluating change activities resulting from quality improvement and evidence-based care use.

The MacColl Institute for Healthcare Innovation, part of Robert Wood Johnson's Improving Chronic Illness Care (ICIC) program, based at the Group Health Cooperative in Seattle, Washington. Consultants from the MacColl Institute will advise in the planning and conduct of work in SCI QUERI to carry out broad-scale chronic illness quality improvement.

Craig Scott, PhD, Professor of Medical Education and Biomedical Informatics, School of Medicine, University of Washington, Seattle. Dr. Scott's expertise is in behavior change, focused on the health care provider.

These experts will work with investigators at MCHSPR and SCI QUERI to learn the fundamentals of implementation research at all levels (patient, provider, system) in order to facilitate grant development, publications, and presentations related to implementation.

This will include workshops and presentations, consultation, and team meetings. This 2 year grant is being led by Dr. Frances Weaver.

Newly Funded Research Grants

IIR 02-244- Quality and Cost of VA and Medicare Covered Care for Veterans with ESRD.

Kevin Stroupe, PhD - PI, Denise Hynes, PhD- Co-PI

Veterans with end-stage renal disease (ESRD) require chronic dialysis to replace lost kidney function. Prior to development of ESRD, many patients experience a gradual decline in kidney function. The National Kidney Foundation has developed guidelines for care in this pre-dialysis period. We will identify all veterans and non-veterans in a national ESRD patient registry who initiated chronic hemodialysis in 2000-2001, and we will compare pre-dialysis care between veterans and non-veterans. We will also examine the association of pre-dialysis care with healthcare costs and use at dialysis initiation. Through these comparisons, we can examine whether veterans are receiving guideline-recommended quality care and whether improvements in pre-dialysis care can be made.

IIR 03-370- Outcomes Associated with Salmeterol Use in Obstructive Lung Diseases.

Todd Lee, PharmD, PhD - PI, Kevin Weiss, MD, MPH, Co-PI

A recently funded VA HSR&D grant has Center investigators set to explore the outcomes associated with long-acting beta-agonist (LABA) use in patients with obstructive lung disease. There are concerns about the safety of LABAs in asthma patients following a labeling change in the medication and little is known about the long-term outcomes related to LABA use in patients with chronic obstructive pulmonary disease (COPD). Therefore, the objective of this study is to examine the outcomes of patients with asthma or COPD that have used a long-acting β -agonist product compared to those that have not been exposed to long-acting β -agonists. The specific aims of the project are: 1) determine the all-cause and respiratory-specific mortality associated with exposure to long-acting β -agonists in VA patients with asthma, COPD or both; 2) determine the rate of respiratory-related life-threatening experiences (placed on ventilator) between long-acting β -agonist users and nonusers; and 3) compare the exacerbation rates and healthcare resource utilization in patients exposed to β -agonists versus those not exposed. This study will inform VA healthcare providers and policymakers as to the outcomes associated with long-acting β -agonist use in VA patients. The results will provide evidence on which to base treatment decisions and the development of treatment guidelines.

Keeping Up with SCI QUERI

QUERI Local Initiated Projects funded. The SCI QUERI recently received funding for 3 LIPs. Two projects will be managed out of the Seattle clinical center of QUERI. The third project "Development and feasibility of a brief vaccination intervention in SCI&D" will be conducted at the QUERI research center at Hines. This study involves the development of a brief multimedia message on influenza and pneumococcal pneumonia vaccination targeted to veterans with SCI&D. Investigators include **Fran Weaver, Sherri Lavela**, Kenzie Cameron and Michael Priebe.

As a result of QUERI's efforts to implement evidence-based practice for veterans with spinal cord injuries and disorders, investigators were invited to write a series of articles on lessons learned in implementing evidence based care for the journal *SCI Nursing*. The issue is devoted to SCI QUERI efforts, and was published in the September 2004 issue. Articles include:

Nelson A, **Weaver F**. Promoting Evidence-based Practice on Spinal Cord Injury Units

Weaver F, Goldstein B, Hammond M. Lessons Learned during a Study to Improve Respiratory Vaccination Rates for Veterans with SCI&D

LaVela SL, Legro MW, **Weaver FM**, **Smith B**. Staff Influenza Vaccination: Lessons Learned?

Guihan M, Bosshart H, Nelson A. Lessons Learned in Implementing SCI Clinical Practice Guidelines

Wallace C, Hatzakis M, Legro M, Goldstein B. How Nurses Helped Researchers Understand Using a Computerized Clinical Reminder to Improve Preventive Care: Lessons from VA Spinal Cord Injury Centers
Legro M. Commentary.

Another QUERI article recently published is based on a HSR&D funded LIP:
Burns SP, **Weaver FM**, **Parada JP**, **Evans CT**, **Chang H**, **Hampton RY**, Kapur V. Management of community-acquired pneumonia in persons with spinal cord injury. *Spinal Cord* 2004;42(8):450-458.

Important Publications

VA patients with chronic obstructive pulmonary disease (COPD) who are current users of high doses of inhaled corticosteroids (ICS) have an increased risk of nonvertebral fractures compared with those who do not use ICS, according to the results of a study conducted by Center investigators Todd A. Lee and Kevin B. Weiss that was published in the April issue of the *American Journal of Respiratory and Critical Care Medicine*.

In a cohort of 40,157 VA patients with a new diagnosis of COPD, there were 1708 cases of nonvertebral fractures during a five-year follow-up period that were matched to 6817 controls. Conditional logistic regression models revealed that exposure to ICS at any time during follow-up was not associated with an increased fracture risk (adjusted odds ratio [OR], 0.97; 95% confidence interval [CI], 0.84 - 1.11). However, the risk of fracture was increased in current users of high-dose ICS (at least 700 µg of beclomethasone equivalents daily) compared with patients with no exposure (adjusted OR, 1.68; 95% CI, 1.10 - 2.57) after controlling for potential confounders.

Lee TA, Weiss KB. Fracture Risk Associated with Inhaled Corticosteroid Use in Chronic Obstructive Pulmonary Disease. *American Journal of Respiratory and Critical Care Medicine* 2004; 169(7):855-859.

New Faculty

Michael Fischer, MD, MS, comes to MCHSPR from Denver, Colorado. His faculty appointment is Assistant Professor of Medicine in the Section of Nephrology at the University of Illinois at Chicago. He completed both his fellowship in Nephrology and his Master of Science in Public Health at the University of Colorado Health Sciences Center in July 2004. He is a graduate of the Indiana University School of Medicine and he completed his residency in Internal Medicine at Barnes-Jewish Hospital in St. Louis, Missouri.

Michael was engaged in numerous patient-oriented research projects during his training in Colorado, including an analysis of statewide maternal and fetal outcomes in the setting of kidney disease during pregnancy and an evaluation of new diagnostic tools for microalbuminuria screening.

Currently, Michael is focused on characterizing hospital resource utilization for adult patients with acute kidney failure as well as the role of a variety of important factors contributing toward these outcomes. He plans to expand this current endeavor to include the evaluation of resource utilization at VA hospitals for patients with acute, chronic, and end-stage kidney disease.

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Neil Jordan, PhD, is a health economist and health services researcher who recently joined the Northwestern University faculty as a Research Assistant Professor in the Mental Health Services & Policy Program, Department of Psychiatry & Behavioral Sciences, Feinberg School of Medicine. He is also affiliated with Northwestern's Institute for Health Services Research & Policy Studies.

Neil's prior work spans several areas, including access to care for vulnerable populations; financing and delivery of mental health, substance abuse, and child welfare services; Medicaid and Medicare policy; and cost-effectiveness analysis. He is particularly interested in developing a new focus on the societal costs associated with complex chronic illness.

Neil comes to us from the Florida Mental Health Institute and Department of Health Policy & Management at the University of South Florida. He earned his doctorate in health services research from the University of Minnesota in 2002. He has a B.S. in economics and an M.S. in public policy from Carnegie Mellon University.

Neil is particularly interested in developing a new focus on the societal costs associated with complex chronic illness.

Selected Publications

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