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Denise Hynes, PhD, RN Receives Career Scientist Award

We are pleased to announce that Denise M. Hynes, PhD, RN, received the distinguished Department of Veterans Affairs Health Services Research and Development Service's Research Career Scientist Award. Dr. Hynes is a senior scientist in the Midwest Center for Health Services and Policy Research and Director of the VA Information Resource Center, based at Hines VA Hospital. She is also Associate Professor of Medicine and Adjunct Associate Professor of Nursing at Loyola University Chicago. Dr. Hynes earned her MPH from Johns Hopkins University School of Public Health in 1985, and her PhD in Health Policy in 1991 from the University of North Carolina at Chapel Hill.

Dr. Hynes' research focuses on strategies to improve the quality and efficiency of health care for chronic diseases. Her research has been continuously funded since 1991, including both VA and outside VA funding. In total, she has been PI or co-PI on grants totaling more than \$11 million and co-Investigator on an additional \$30 million in funded grants. She has developed an innovative research program that integrates knowledge, conceptual frameworks and tools from her training in nursing, health services research and health economics. In particular, her research demonstrating efficiencies and improvements that can be gained in the health care of patients with chronic kidney disease and anemia have been recognized by VA and Medicare policy leaders. In addition, through her role as Director of VIREC, she has enhanced the research of others by providing VA investigators throughout the country with access to Medicare claims data and by educating VA investigators on how to use various VA databases more efficiently in pursuit of research relevant to veterans. Dr. Hynes also currently directs the MCHSPR Postdoctoral Fellowship Program and has individually mentored both MD and PhD fellows.

Spirometry use in clinical practice following diagnosis of COPD Article by Todd A. Lee

Little is known about current use of pulmonary function testing in clinical practice. This study evaluated spirometry use in persons with COPD receiving care from the Veterans Health Administration health-care system.

Administrative data were used to identify a cohort of patients who were ≥ 40 years of age with recently diagnosed COPD. Spirometry was identified using administrative data. Spirometry use was characterized over a 12-month period, and the use of spirometry around acute exacerbations and surgical procedures was examined. A total of 197,878 patients met the inclusion criteria in 1999. The average age was 67.5 years (SD, 10.0), and 98.2% of patients were male. A total of 66,744 patients (33.7%) underwent spirometry. The use of spirometry for newly diagnosed COPD patients decreased with age and was 3.3 times higher for those visiting pulmonologists.

This study suggests that spirometry is inconsistently used in the diagnosis of COPD or the care of patients with COPD. This inconsistent pattern of use is seen even with the endorsement of spirometry use for patients with COPD by two national guidelines; however, the data predate the most recent version of the guidelines. It is unclear whether it is lack of physician knowledge of, attitudes about, or belief in the utility of spirometry that underlie the current patterns of physician use of this clinical tool.

Lee TA, Bartle B, Weiss KB. Spirometry use in clinical practice following diagnosis of COPD. *Chest*. 2006 Jun;129(6):1509-15.

SCI QUERI to Study Lessons Learned from Recent Natural Disasters

A recently funded SCI QUERI study with Frances Weaver, PhD, as PI, studies lessons learned from recent natural disasters. Individuals with spinal cord injuries and disorders (SCI&D) are particularly at risk during times of natural disasters due to their impaired mobility and other special needs such as power wheelchairs and ventilator-dependency. The purpose of this study is to use lessons learned from recent disasters to develop a toolkit or guide for facilities that care for veterans with SCI&D and for veterans with SCI&D and their families on how best to respond to a natural disaster.

Our objectives are: 1) To identify lessons learned from natural disasters that have affected veterans

with spinal cord injuries and disorders (SCI&D), 2) To develop a toolkit focused on improving natural disaster preparedness for facilities caring for persons with SCI&D and individuals with SCI&D. Our long term objective is to develop a natural disaster preparedness plan for veterans with SCI&D that will be used nationwide, can be implemented quickly, and is applicable to other high-risk populations. This study will serve as the first step toward a larger study to implement best practices for disaster preparedness and evaluating readiness across the VA. Five VA's with SCI centers or clinics have volunteered to participate. Data collection will begin by Fall of 2006.

Sherri LaVela has a Stellar Summer

In recognition of outstanding achievement on her abstract, "Long-term Outcomes from Nosocomial Infections in Persons with Spinal Cord Injuries and Disorders," Sherri L. LaVela, MPH, MBA was presented with the Blue Ribbon Abstract Award at the 33rd Annual Educational Conference of the Association for Professionals in Infection Control and Epidemiology in Tampa, Florida in June, 2006. The abstract reported that 59% of persons with SCI&D who had at least one hospital admission during 2002 had at least one nosocomial infection. It was concluded that nosocomial infections have serious long-term consequences (3 year follow-up) that result in future hospitalization and shorter survival in this population. Great work Sherri!

In July, 2006, Sherri was selected to attend the RAND Summer Institute held in Santa Monica, California. The conference focused on critical issues related to aging. It consisted of a 2-day mini-medical school followed by a 2-day workshop on Demography, Epidemiology, and Economics of Aging. The conference was sponsored by the National Institute on Aging and the NIH-wide Office of Behavioral and Social Sciences Research.

News from MCHSPR at Jesse Brown VAMC

Saul J. Weiner, MD, MCHSPR Senior Investigator at Jesse Brown VAMC and Frances M. Weaver, PhD, Deputy Director of the MCHSPR will serve as Principal Investigator and Co-Investigator, respectively, on a recently approved HSR&D funded study entitled "Identifying and Predicting Contextual Errors in Medical Decision Making."

To date, research on the quality of physician practice has focused on adherence to guidelines and standards of care. In some instances, however, standard care is inappropriate because of patients' unique circumstances. This study will explore why physicians succeed or fail at individualizing treatment decisions when appropriate care requires taking into account patient specific context.

The project will involve about 400 unannounced standardized patient visits to 100 primary care internal medicine physicians at 4 VA clinics and 4 affiliated academic medical centers. Actors will present several variations of validated scripted cases embedded with essential contextual information that is critical to planning care. Data will be collected on physician performance and on potential moderators of performance, including physician, patient and environmental characteristics that may influence the decision making process.

Other investigators are Marilyn Schapira, MD, Clement Zablocki VA Medical Center in Milwaukee; and Alan Schwartz, PhD and Julie Goldberg, PhD, University of Illinois at Chicago.

News from MCHSPR at Lakeside CBOC

Charles L Bennett, MD, PhD, MPP, Associate Director for MCHSPR at JBVAMC/Lakeside CBOC and co-program director for Cancer Control at the Robert H Lurie Comprehensive Cancer Center of Northwestern University, continues to investigate prostate cancer among veterans. His newly funded study, "PSA failure: A Rising Concern for Prostate Cancer" is a three site, longitudinal, collaborative project to recruit a cohort of 300 lower socioeconomic status (SES) prostate cancer survivors experiencing biochemical recurrence or "PSA failure" after initial, definitive treatment of apparently localized disease. The primary aim of the study is to assess variations in patterns of care (treatment vs. no-treatment) for patients with PSA failure and to evaluate differences in health related quality of life, treatment preferences and decision satisfaction. The sites involved in the study include the JBVAMC/Lakeside CBOC, Cook County and Ingalls Hospital.

Welcome to New MCHSPR Fellows

Joshua B. Barbour, PhD, is the 2006 recipient of the Post-Doctoral Fellowship at MCHSPR. Dr. Barbour's research interests center on how macromorphic (e.g., institutional and organizational) factors influence interprofessional communication in health contexts. He studies the patterned flow of symbols that constitutes the organization of health care services while attempting to link policy and system change with day-to-day organizational life. He is currently pursuing three primary lines of research, including (a) improving interprofessional communication to reduce medical errors and improve patient safety, (b) understanding the effects of urgency and uncertainty on the coordination of health care services especially as relevant for biodefense, (c) and developing methods for evaluating emergency plans and policies. Dr. Barbour earned his BA at The George Washington University and his MA and PhD in organizational communication at the University of Illinois at Urbana-Champaign. Dr. Barbour's mentors are Frances Weaver, PhD and Saul Weiner, MD.

Dr. Barbour's research interests center on how macromorphic (e.g., institutional and organizational) factors influence interprofessional communication in health contexts.

Dr. Belmares is interested in the use of administrative and clinical computerized databases to identify or design appropriate surrogate markers and/or clinical instruments to assess the severity of disease, processes of care, and treatment outcomes of several nosocomial infections.

Jaime Belmares, MD is MCHSPR's first MD Post Resident Fellow. His mentors are: Drs. Dale Gerding, Stuart Johnson, and Jorge P Parada. Dr. Belmares is interested in the use of administrative and clinical computerized databases to identify or design appropriate surrogate markers and/or clinical instruments to assess the severity of disease, processes of care, and treatment outcomes of several nosocomial infections. A major part of this work has centered on Clostridium difficile-associated diarrhea (CDAD). A major focus of this research is the eventual development of a clinical scale to predict the severity of disease of CDAD and the probability of success or failure of its treatment with metronidazole. Potential research implications include improvement in the clinical care and outcomes of patients with severe CDAD by providing clear guidelines for treatment and the reduction of inappropriate antimicrobial use.

MCHSPR extends a warm welcome to both of our new fellows and looks forward to working with both of you!

OAA Fellowships available at MCHSPR: PhD Post-doctoral Fellowship, MD Post-doctoral Fellowship, RN Post-doctoral Fellowship
See our website www.va.gov/mchspr for more details on applying.

Kevin Weiss, MD, MPH, Elected to serve on American College of Physicians Board of Regents

Dr. Kevin Weiss has been elected to serve on the American College of Physicians (ACP) Board of Regents. Founded in 1915, the ACP is this nation's largest medical specialty society having a membership of 120,000, including medical students. The Board of Regents is the main policy-making board of the ACP. Members are elected by both the members of the Board of Regents and the Board of Governors, (the advisory group for the Board of Regents). Our congratulations go to Dr. Weiss on this great accomplishment.

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