

# The NEWSBRIEF

**Center for Management of Complex Chronic Care  
VA HSR&D Center of Excellence**

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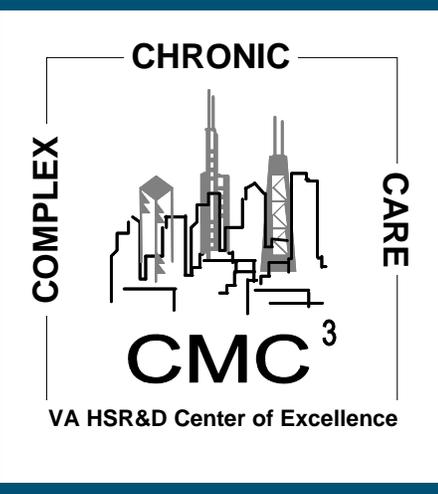
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## *Kevin Weiss Accepts President and CEO Position at ABMS*

At the September meeting of the American Board of Medical Specialties it was announced that Kevin B. Weiss, MD, MPH, will become the new President and Chief Executive Officer of the American Board of Medical Specialties (ABMS) starting December 17, 2007.

Dr. Weiss is currently the Director of the Center for Management of Complex Chronic Care (CMC<sup>3</sup>) located at Hines and Jesse Brown VAMC. He is also a Professor of Medicine in the Division of General Medicine and Director of the Institute for Healthcare Studies (IHS) at Northwestern University's Feinberg School of Medicine in Chicago, and is a Board of Regents member of the American College of Physicians (ACP).

During his seven years at CMC<sup>3</sup>, Dr. Weiss expanded the COE to include offices at Jesse Brown VA Medical Center (JBVA). He has been successful in obtaining a Chicago-wide presence for VA HSR&D. This collaboration will soon expand to include Loyola University as well. Among the ongoing activities of the COE is a weekly Seminar Series that highlights investigator's research broadcast from IHS at Northwestern to Hines.

Dr. Weiss completed his medical degree at Chicago Medical School, and master's degrees in community health sciences at the University of Illinois, School of Public Health, and in health services administration at the Harvard School of Public Health. He completed his residency at Cook County (now Stroger) Hospital, Chicago, and served at the Centers for Disease Control (CDC) and the National Institutes of Health (NIH). He is certified by the American Board of Internal Medicine. Last year he was selected for the Board of Regents in the American College of Physicians.

CMC<sup>3</sup> is saddened to see Dr. Weiss leave but wish him every success and happiness in his new endeavors. We also look for opportunities to continue to work together with Dr. Weiss in his new position.

Upon Dr. Weiss' departure, Dr. Frances Weaver, Deputy Director of CMC<sup>3</sup> will take on the responsibilities of Acting Director of the COE. We have begun the search for a new Center Director and hope to have the position filled within the year.

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## Meet Our New PhD Post Doctoral fellow, Timothy Hogan

*Tim sees his work culminating in the design of education-based interventions to promote and sustain desirable illness management activities among veterans, thus improving overall health outcomes.*

Timothy P. Hogan, PhD joined the Center for Management of Complex Chronic Care (CMC<sup>3</sup>) as a postdoctoral fellow in October 2007. Originally from Pittsburgh, Pennsylvania, Dr. Hogan earned his BS in Information Science from the University of Pittsburgh and then moved to the Midwest to pursue graduate work, earning both his MS and doctorate from the number-one ranked Graduate School of Library and Information Science at the University of Illinois at Urbana-Champaign. In addition to his academic training, he worked previously as a database and Web developer in the Division of Infectious Diseases at the University of Pittsburgh Medical Center and completed an internship program with McKesson Automated Healthcare.

Tim's research focuses on how individuals living with different chronic conditions use health information, as well as the development of effective consumer health information services and systems to support the work of self-care. Foregrounding the perspectives of patients, the findings from his investigations elucidate the roles

that both information and technology play over the trajectory of enduring illnesses. Ultimately, Tim sees his work culminating in the design of education-based interventions to promote and sustain desirable illness management activities among veterans, thus improving overall health outcomes. Prior to joining CMC<sup>3</sup>, he conducted the majority of his research in the context of HIV-disease and AIDS. In one study, he collaborated with health educators to develop and administer a nationwide survey regarding the information preferences and practices of the HIV-positive community. His dissertation, funded by Thomson Scientific and the Medical Library Association, was a home-based, ethnographic study of the information sources and activities associated with the management of HIV/AIDS treatment regimens.

During his time at CMC<sup>3</sup>, Tim will be mentored by Dr. Kevin Stroupe and Dr. Fran Weaver. He is currently developing a project proposal to examine use of the *My Health@Vet* system, a Web-based gateway through which health information and other services can be accessed, among veterans living with spinal cord injuries and disorders. In another study, he plans to extend lines of inquiry from his dissertation work to the management of neurologic disease or mental illness. Tim is also utilizing his post-doctoral fellowship as an opportunity to learn about secondary data analysis and VA's large-scale administrative datasets.

"The Veterans Health Administration has a rich history of developing information systems and successfully integrating them into the flow of health care delivery. With the creation of tools like *My Health@Vet* designed specifically for use by veterans themselves and their caregivers, VHA is also in a unique position to advance fields like consumer health informatics. However, for such tools and other related interventions to be as useful and effective as possible, we need nuanced, in-depth understanding of different illness management contexts and corresponding information conditions. That is the contribution I am working to make."

Beyond his primary area of research, Tim has also participated on studies funded by the National Science Foundation regarding discovery processes in the field of Neuroscience. Some of his other interests include the management of uncertainty in illness, marginalized communities and their interactions with health care and legal systems, and the use of qualitative methods in studies of health and illness.

Visit the CMC3 website at: [www.cmc3.research.va.gov/](http://www.cmc3.research.va.gov/)

## Newly Funded Studies in HSR&D

### "Management and Control of Co-Existing Chronic Diseases in COPD Patients"

PI- Todd Lee, PharmD, PhD

*The objective of this study is to evaluate the short-term and long-term outcomes of patients with COPD, diabetes and hyperlipidemia.*

Diseases are often described and studied as if they occur in isolation of other disease states yet many individuals have multiple chronic conditions. Among patients with multiple chronic conditions there is increasing appreciation of the complex interrelatedness of diseases and their management. Additionally, multiple chronic conditions place competing demands on patients and providers with respect to the prioritization of management of the conditions. In the VA, chronic obstructive pulmonary disease (COPD) is a common chronic condition that is associated with a five year mortality rate of more than 13% and frequently co-occurs with other chronic conditions. Diabetes, hypertension and hyperlipidemia are three conditions that often co-occur with COPD and for which there are detailed treatment guidelines and well specified management goals. However, it is unclear how competing demands from multiple chronic conditions influence the overall management, goal attainment and outcomes of patients with COPD, diabetes and hyperlipidemia. The objective of this study is to evaluate the short-term and long-term outcomes of patients with COPD, diabetes and hyperlipidemia. The

specific aims of the project are: 1) Characterize the treatment and control of diabetes, hypertension and hyperlipidemia among patients with COPD and these conditions; 2) Examine factors associated with control (i.e. goal attainment) of diabetes, hypertension and hyperlipidemia; 3) Evaluate the association of goal attainment in the management of diabetes, hypertension and hyperlipidemia with short-term (e.g. hospitalization) and long-term (e.g. mortality) outcomes; and 4) Examine adverse consequences associated with goal attainment in patients with diabetes, hypertension hyperlipidemia and COPD. The results from this study are intended to provide patients and providers with information on the relative benefit of control of chronic conditions when patients have multiple coexisting conditions. These results can be used to help prioritize treatment regimens and goals for patients with COPD, diabetes, hypertension and hyperlipidemia.

### "Impact of Medicare Drug Benefit on VA Drug Use, Healthcare Use and Cost"

PI-Kevin Stroupe, PhD

*This study will determine which VA-only, Medicare-only, and cross-system users of both VA and Medicare-covered services enrolled in Part D and the impact of Part D enrollment on medication acquisition from VA pharmacies and examine the impact of Part D enrollment on VA and Medicare healthcare use and cost.*

Drs. Kevin Stroupe and Bridget Smith will be leading a study to examine the impact of the Medicare Part D drug benefit. In January 2006, outpatient prescription drug coverage became available through the Part D addition to Medicare through the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. Over 40% of veterans eligible for VA healthcare are enrolled in Medicare. Individuals with Medicare coverage, including veterans receiving care at VA, were initially able to enroll in Part D from November 2005 through May 2006. Early estimates by the Department of Health and Human Services suggest that by June 2006 approximately 1.4 million VA users had enrolled in Part D or were receiving drug coverage from an employer receiving the Part D subsidy, representing over 40% of Medicare-eligible VA users. The availability of Part D benefits could have a significant impact on medication acquisition from VA pharmacies. Among veterans eligible for VA and Medicare-covered services, approximately 20% were VA-only outpatient users, 35% were Medicare-only outpatient users, and 45% were cross-system users of both VA and Medicare-covered outpatient services in fiscal year 1999. Because

many cross-system users may be receiving care at the VA primarily to obtain the VA pharmacy benefit, which requires them to obtain a prescription from a VA physician, the availability of Part D could lead some veterans to alter their patterns of use of VA and Medicare-covered services. If cross-system users who enrolled in Part D were receiving VA services primarily so that a VA physician could order medications from the VA pharmacy, these patients might become Medicare-only users after enrolling in Part D. Consequently, enrollment in Medicare Part D could potentially lead to a change in medication access and acquisition and a change in healthcare system use. Dr. Stroupe, Dr. Smith, and colleagues' study will determine which VA-only, Medicare-only, and cross-system users of both VA and Medicare-covered services enrolled in Part D. They will also investigate the impact of Part D enrollment on medication acquisition from VA pharmacies and examine the impact of Part D enrollment on VA and Medicare healthcare use and cost.

## 2007 Selected Presentations

- Bennett CL, Angelotta C, Nebeker JR, Dorr DR, Tighe CC, Raisch DW.** Augmenting FDA and Pharmaceutical Manufacturer Passive Pharmacovigilance Efforts: Potential Benefit of Collaboration with VA Pharmacovigilance Program. 2007 HSR&D National Meeting. Washington 2007
- Budiman-Mak E.** Predictors of Weight Loss in Overweight Veterans with Osteoarthritis Participating in a Weight Loss Randomized Clinical Trial. VA Symposium on Obesity, Nutrition and Fitness. Washington 2007
- Evans CT.** Predictors of nosocomial, health care-associated, and community-acquired bloodstream infections in SCI. Society for Epidemiologic Research 40th Annual Meeting. Boston 2007
- Guihan M, Weiss KB, Temeck BK.** Results of a Team-Oriented Pay-for-Performance (TOPP) Program to Improve Clinical Performance and Patient Outcomes in VHA. 2007 HSR&D National Meeting. Washington 2007
- Hynes DM, Tarlov E, Perrin R, Zhang Q, Bennett CL, Ferreira MR, Lee TA, Benson A.** Patterns of care among veterans with colon cancer: Insights from California SEER, Medicare and VA-linked data. American Society of Clinical Oncologists 2007 Annual Meeting. Chicago 2007
- Jordan N, Lee TA, Valenstein M, Weiss KB.** Predictors of Evidence-Based Depression Treatment in Veterans with COPD and Co-Morbid Depression. 2007 HSR&D National Meeting. Washington 2007
- Lee TA, Gao CY, Walter B, O'Connor GT, Sullivan SD, Buist AS, Weiss KB.** Rate of disease progression in patients with COPD in the Framingham Heart Study cohort. Chest. Salt Lake City 2006
- Lee TA, Pickard AS, Bartle B, Schmock GT, Weiss KB.** Increased risk of mortality associated with use of ipratropium and theophylline in COPD patients. American Thoracic Society 2007 International Conference. San Francisco 2007
- Parada JP, Conway WP, Miskevics SA, Evans CT, Johnson SB, Lavela SL, Santhiraj M, Sullivan D, Weaver FM, Gerding DN.** Impact of Formulary Fluoroquinolone Change on Inpatient Clostridium difficile-Associated Diarrhea. Infectious Disease Society of America 44th Annual Meeting. Toronto 2006
- Smith BM, Stroupe KT, Lee TA, Tarlov E, Huo Z.** Discontinuation of VA Pharmacy Use for Chronic Medications after the Copayment Increase. 2007 HSR&D National Meeting. Washington 2007
- Stroupe KT, O'Hare AM, Fischer MJ, Kaufman J, Browning MM, Huo Z, Hynes DM.** Guideline-Recommended Care for Veterans with End Stage Renal Disease: Impact of System of Care. 2007 HSR&D National Meeting. Washington 2007
- Tarlov E, Perrin RA, Zhang Q, Koelling K, Ferreira MR, Hynes DM, Bennett CL.** Consequences Of Ignoring VA Data in Studies Of Medicare-Enrolled Elderly with Cancer. Academy Health 2007 Annual Research Meeting. Orlando 2007

## 2007 Selected Publications

- Bennett CL, Kim B, Zakarija A, Bandarenko N, Pandey DK, Buffie CG, McKoy JM, Tevar AD, Cursio JF, Yarnold PR, Kwaan HC, DeMasi D, Sarode R, Raife TJ, Kiss JE, Raisch DW, Davidson C, Sadler JE, Ortel TL, Zheng XL, Kato S, Matsumoto M, Uemura M, Fujimura Y, SERF-TTP Research Group.** Two mechanistic pathways for thienopyridine-associated thrombotic thrombocytopenic purpura: a report from the SERF-TTP Research Group and the RADAR Project. J Am Coll Cardiol. 2007 Sep 18;50(12):1138-43. Epub 2007 Sep 4.
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- Fitzgibbon ML, Ferreira MR, Dolan NC, Davis TC, Rademaker AW, Wolf MS, Liu D, Gorby N, Schmitt BP, Bennett CL.** Process evaluation in an intervention designed to improve rates of colorectal cancer screening in a VA medical center. Health Promot Pract. 2007 Jul;8(3):273-81.
- Guihan M, Garber SL, Bombardier CH, Durazo-Arizu R, Goldstein B, Holmes SA.** Lessons learned while conducting research on prevention of pressure ulcers in veterans with spinal cord injury. Arch Phys Med Rehabil. 2007 Jul;88(7):858-61.
- Joo MJ, Lee TA, Weiss KB. Geographic variation in chronic obstructive pulmonary disease exacerbation rates. J Gen Intern Med. 2007 Nov;22(11):1560-5. Epub 2007 Sep 15.
- Jordan N, Lee TA, Valenstein M, Weiss KB.** Effect of care setting on evidence-based depression treatment for veterans with COPD and comorbid depression. J Gen Intern Med. 2007 Oct;22(10):1447-52. Epub 2007 Aug 9.
- LaVela SL, Evans CT, Miskevics S, Parada JP, Priebe M, Weaver FM.** Long-term outcomes from nosocomial infections in persons with spinal cord injuries and disorders. Am J Infect Control. 2007 Aug;35(6):393-400.
- LaVela S, Goldstein B, Smith B, Weaver FM.** Working with symptoms of a respiratory infection: staff who care for high-risk individuals. Am J Infect Control. 2007 Sep;35(7):448-54.
- Mohr DC, Hart S, Vella L.** Reduction in disability in a randomized controlled trial of telephone-administered cognitive-behavioral therapy. Health Psychol. 2007 Sep;26(5):554-63.
- Rizzo JD, Somerfield MR, Hagerty KL, Seidenfeld J, Bohlius J, Bennett CL, Cella DF, Djulbegovic B, Goode MJ, Jakubowski AA, Rarick MU, Regan DH, Lichtin AE. American Society of Clinical Oncology/American Society of Hematology 2007 Clinical Practice Guideline Update on the Use of Epoetin and Darbepoetin. J Clin Oncol. 2007 Oct 22; [Epub ahead of print]
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- Smith BM, Vans CT, Kurichi JE, Weaver FM, Patel N, Burns SP** Acute respiratory tract infection visits of veterans with spinal cord injuries and disorders: rates, trends, and risk factors. J Spinal Cord Med. 2007;30(4):355-61.
- Smith BM, Weaver FM, Ullrich PM.** Prevalence of depression diagnoses and use of antidepressant medications by veterans with spinal cord injury. Am J Phys Med Rehabil. 2007 Aug;86(8):662-71.
- Weiner SJ, Schwartz A, Yudkowsky R, Schiff GD, Weaver FM, Goldberg J, Weiss KB.** Evaluating Physician Performance at Individualizing Care: A Pilot Study Tracking Contextual Errors in Medical Decision Making. Med Decis Making. 2007 Sep 26; [Epub ahead of print]
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