



CHQOER Notes

News and Views from the Center for Health Quality, Outcomes and Economic Research at the Edith Nourse Rogers Memorial VAMC, Bedford, Massachusetts 01730

From the Director, Dan Berlowitz MD MPH



It's been just over five years now since I took over as Director of CHQOER. At that time, we were a very successful Center. This success was based predominantly on our strong quantitative methodology and our expertise

with using VA databases to address interesting questions. We knew that in order to remain successful, we could not rely solely on this historical strength. Many things would need to change. And change we did.

First of all, we have placed a strong emphasis on implementation research. Today we are closely affiliated with the QUERI HIV/Hepatitis, and many CHQOER projects include an implementation component. Our research has also developed a stronger clinical focus. Five years ago, our Center included only two active clinicians; today over one third of our investigators are clinicians who are actively involved in the care of veterans. We have also identified specific research areas for targeted growth including patient-centered care and mental health, and have recruited senior investigators to expand our expertise in these areas. More recently, we have been developing new expertise on topics such as war-related illness.

Developing junior researchers is also a priority and we are investing heavily in their recruitment and career growth. Whereas five years ago we had no career development awardees, today we have four VA awardees and two K awardees. These changes have resulted in a broad-based and dynamic Center compared to what we were five years ago. And I think we are also much more successful.

These changes were not easy and they involved many hard decisions. They also would not have been possible without the tremendous support of our Medical Center and academic partners at Boston University and University of Massachusetts. They came through on many occasions to provide key support necessary for our transformation. It would be nice if we could now sit back and enjoy our success.

But things are also changing in HSR&D and the upcoming Center reapplication is likely to be very different when compared to past ones. The changes we have made as a Center, while difficult, have placed us in a very strong position with regard to the future direction of HSR&D. We now have the skill set and mix of expertise needed to succeed as a health services research center in today's VA. The next few years will be challenging, but because of our recent growth and accomplishments they will be years of opportunity and progress.

**Taking small steps towards a big goal:
Improving healthcare?
Or training for the Olympics?
Story inside.**



AP Photo Nov. 3, 2010

Career Development Awardee Renda Wiener, MD MPH: Helping patients, families and doctors handle tough decisions

A physician-researcher and CHQOER core investigator since 2009, Dr. Wiener is the recipient of a K07 Career Development Award from the National Cancer Institute. Wiener received her MD from Columbia University College of Physicians and Surgeons. She completed a residency in Internal Medicine at New York Presbyterian Hospital and a Fellowship in Critical Care and Pulmonary Medicine at Boston Medical Center. Prior to joining CHQOER, she completed a Health Services Research Fellowship with the VA Outcomes group at White River Junction VT, and served as an Assistant Professor at Dartmouth Medical School.



Dr. Wiener's Career Development Award project is titled, "Improving Decisions About Evaluating Pulmonary Nodules for Lung Cancer." Pulmonary nodules are small growths on the lung that frequently turn up in chest x-rays or CT scans. Most nodules are benign but a small subset represent lung cancer. Unfortunately, it is not always straightforward to identify which are cancer. Options for diagnosis vary in terms of time needed (such as observing growth for weeks or months), invasiveness (such as whether to biopsy), cost, and potential downsides for patients. Dr. Wiener notes that deciding whether or how to proceed with a diagnosis can be very stressful for both patients and doctors. There are no randomized trials comparing current management strategies for pulmonary nodules, and no rigorous data on outcomes.

For her Career Development project, Wiener is studying how the diagnosis of pulmonary nodules impacts the patient's perception of lung cancer risk and their health-related quality of life. She is also examining how it impacts physicians' decision making, and resource utilization in the healthcare system.

Improving end-of-life decision-making in the ICU is another priority in Dr. Wiener's research. In many cases it is the patient's family who must make critical care decisions in the ICU, simply because the patient is not able to communicate. Dr. Wiener is examining ways to provide information to families and better prepare them for handling tough decisions such as whether to put a loved one on a respirator. One approach she is taking is to educate families about the basics of ICU equipment, procedures, and possible outcomes. She plans to work with families with low health literacy, both English and Spanish-speaking. Wiener explains, "I do enjoy helping families at a time that is so difficult for them, helping them with decisions for their critically ill loved one."

In addition to her research career, Dr. Wiener enjoys teaching medical students and maintains an active clinical practice, serving in pulmonary and critical care units at the Bedford VAMC and at Boston Medical Center.

Wiener's experience as a clinician clearly informs her research priorities:

"Based on my clinical work, I understand why doctors are eager for new strategies to improve patient outcomes. However, we have a tendency to adopt strategies when there is still limited knowledge of the benefits or possible harms. It is essential that we understand these effects before exposing our patients to the harms that may result from management."

**Check out CHQOER online:
www.chqoer.research.va.gov**

QUERI-HIV/HEP

Quality Enhancement Research Initiative

The words “Strategic Plan” can strike fear in the heart of even the most stalwart among us. As Research Director of the HIV/Hepatitis QUERI Program (a job I gratefully share with Steve Asch of VA GLA) I’ve recently helped lead a year-long strategic planning process which engaged all our QUERI investigators, our VA operations partners, and many staff. We do this at our core sites here in Massachusetts and in California every 3 years and as always, I feel like our program is much the better for the experience. But it isn’t easy! Why is strategic planning – which we all know is beneficial and in fact crucial for our programs – so difficult?

Well, first, it’s the group planning that pushes us out of our comfort zones. Most of us in health services and policy research are great thinkers, well-trained as problem-solvers, and plenty creative. But we’re often pretty independent. We mostly think we have good ideas of what the right answers are, and we want to independently execute those ideas. As for getting together in groups, to collect input and generate a collective vision of what should be done? That job is way more difficult. It requires group skills and patience and time, especially to create a plan that’s truly strategic and not too scattered.

Second, “strategy” is about anticipating the future, and the future is awfully tough to anticipate. That’s especially true within the VA because the organization is large and is responding to many different forces and priorities. As strategic planners for our QUERI, we

need to separate the short-term demands of the moment (pressing as they may be) from the longer term needs of the VA in serving those affected by HIV and Hepatitis. Teasing those types of demands apart and finding the opportunities that fit well with our expertise – that’s the “strategic planning” challenge. ***A good strategic plan is a guide to help us do both evaluation and research to meet the needs of the VA.***



HIV/Hepatitis QUERI (“HHQ”) is lucky. We have superb partners within VA operations (the VA Public Health Strategic Healthcare Group or “13B”). We have a long history of excellent collaboration between our two homes: East Coast (VA Bedford), and West Coast (VA GLA). And we are able to focus our efforts clearly on two vitally important

and challenging diseases faced by veterans, HIV and Hepatitis. In the years to come, we will leverage these assets. I’m sure we’ll make great progress linking newly-diagnosed HIV and HCV veterans into care and improving systems for meeting care needs, and will measurably improve processes and outcomes. In future newsletters, I look forward to describing the highlights of our QUERI strategic plans and the projects, progress, and pitfalls that come with this kind of implementation research work.

—Allen Gifford, MD

Director: Dan Berlowitz, MD, MPH
Associate Director: Allen Gifford, MD



Core Investigators:

Barbara Bokhour, PhD
Ann Borzecki, MD, MPH
Kathleen Carey, PhD
Jack Clark, PhD
Mari-Lynn Drainoni, PhD, MEd
Susan Eisen, PhD
Marsha Ellison, PhD
Rani Elwy, PhD,
Dijon Fasoli, PhD, MBA, MSN
Graeme Fincke, MD
Gemmae Fix, PhD
Mark Glickman, PhD
Christine Hartmann, PhD, MSS
Kathy Horvath, PhD, RN
Tom Houston, MD

Judy Jones, DDS, MPH, DScD
Lewis Kazis, ScD
Nancy Kressin, PhD
Keith McInnes, ScD, MSc
Donald Miller, ScD
Karen Quigley, PhD
Sowmya Rao, PhD
Adam Rose, MD, MSc
Jim Rothendler, MD
Alfredo Selim, MD, MPH
Stephanie Shimada, PhD
David Smelson, PSYD
Eric Smith, MD, MPH
Renda Wiener, MD MPH

Adjunct Investigators:

Jeroan Allison, MD, MSc
Kee Chan, PhD
Cindy Christiansen, PhD
David Kalman, PhD
Laurel Leslie, MD, MPH
Xinhua Ren, PhD
James Schlosser, MD, MBA
Jeff Solomon, PhD
Ron Spiro, PhD
Theodore Stefos, PhD
Steve Vlad, MD

Postdoctoral Fellows:

Princess Osei-Bonsu, PhD, MSPH
Stephanie Rodrigues, PhD
Varsha Vimalananda, MD

Steady focus, hard work, and small steps towards a big goal: Improving healthcare? Or training for the Olympics?

The answer is both for Natalie Dell, MPH, a CHQOER project manager and member of the United States Women's National Rowing team. Dell is a project manager for Dr. Rani Elwy, a CHQOER core Investigator, and is working on the HSR&D funded study, "Help-Seeking for Depression by VHA Primary Care Patients". Detail-oriented and efficient, Dell handles the variety of tasks required to keep the study moving forward. She recruits and interviews study participants, manages questionnaires and data entry, runs team meetings, helps with qualitative data analysis and of course keeps up to date with IRBs for all three study sites. "Basically, we can't do this study without her", says Dr. Elwy.



Dr. Rani Elwy (left) and Natalie Dell

Dell had started rowing at Penn State University and also attended summer rowing programs where she received top-notch coaching for conditioning and technique. But as serious as she was about rowing, she also knew that she wanted to pursue a career in health research. Right after college she enrolled at Boston University's School of Public Health and earned an MPH while continuing to row. One of her professors, Dr. Vicky Parker, suggested that she apply for a job at CHQOER after graduation, so Dell interviewed with Dr. Elwy.

In the interview, Dell was frank about her goal of making it onto the US National rowing team. Some employers might have ended the interview right then, concerned that the intense rowing workouts might interfere with Dell's ability to work full-time. Dr. Elwy, however, was willing to take the chance. She believed, "if someone was that passionate and dedicated to a sport, they were likely to be passionate and dedicated to everything they do." She was correct.

In order to work full-time at CHQOER and also train seriously, Dell started her days at 4 am. On a typical day she'd row for 2-3 hours, work a full eight hours, and then train for another three hours in the evening.

This arrangement got off to a successful start because of effective communication. "We started with a very good understanding of what each expected and wanted from the other," explains Dr. Elwy. Steady focus and hard work were also required. Elwy notes, "Natalie is incredibly conscientious and dedicated to this study...She gets to work, is very single minded, accomplishes what she needs to, and then switches to her other task--which is now her path to qualifying for the 2012 Olympics." Dell explains, "Having her (Dr. Elwy) for a supervisor was the break I needed...I look forward to coming to work with her. Her work is so interesting and she is such a role model...she's so good at giving her all on everything."

"The best advice I received in grad school was to work for the VA." —Dell

Dell kept the group well informed about her rowing and it was welcome news when USA Rowing invited her to train full-time with the National team. The US Women's National team trains in Princeton, New Jersey for most of the year and goes to the Olympic training center in San Diego, California for the coldest winter months. The challenge now was to find a way for Dell to continue as Elwy's project manager while living and training in Princeton and San Diego.

With the support of CHQOER Director Dan Berlowitz, MD, the research group found a way and laid the foundation for the move by arranging for VPN access, telework access, and a laptop. Dell made the move and she has continued to handle many aspects of the study as a remote, part-time employee. Elwy explains, "She sends me pre-written letters and labels that I just have to print and send. ...Natalie even keeps up to date with the IRB stuff ... anything that can be done electronically she does."



Natalie Dell (Left) and teammates compete at the World Rowing Championships, New Zealand, Nov. 1, 2010. AP Photo.

Dell's day now starts with nearly 4 hours of morning workouts that include rowing, running and weight training. After lunch, she gets on her laptop (the boat-house has wireless internet) and works until it's time for the last practice of the day, from 2-4. After practice, Dell works until 7pm, when she heads home for the day.

Each day of training is a challenge. The weights they lift, the speed they run, their power and technique as they row are all watched and measured. Each athlete must bring focus, outstanding effort and dedication to each practice, each day. Dell explains that if their performance slips or their commitment is questionable, they will be dismissed from the program.

“Nothing is for certain, ...you're always trying to prove yourself. That's what makes you a strong athlete.”

Dell rowed in her first international competition last November, racing in a 4-person boat (“Quad”) that came in fifth place at the World Rowing Championships in New Zealand. Over the coming year she will compete in US and International regattas, World Rowing championships, and the Pan American Games. Of the 40 women currently on the US National Team, about 14 will be selected for the 2012 US Olympic team.

In the longer run, Dell plans to keep working in the health care sector and may pursue a career in health care policy.

“After working [at CHQOER] and seeing the amount of work it takes to produce evidence to make a policy change, it has really shifted my whole perception of healthcare policy.”

“It's very easy to throw out notions about how to makes things better when you're in a policy position,” says Dell, “but ultimately everything has to be backed up by science and research.”

The challenges of research and rowing are not so different, according to Dell. In research, she explains, each small step takes time, whether it's getting IRB approval, recruiting patients, or studying data. “You're constantly balancing your expectations and wanting to take the next step somewhere, always wanting to do better.” Similarly in rowing, “it takes a long time to get your technical focus down, it takes a long time to build the fitness base you need to compete internationally...” For both researchers and athletes, “...there is room for frustration because it takes so long to make enough progress to get to the next step.”

As a world class rower and health services researcher, Dell explains that the key is “just taking pride in your progress even if it's very tiny incremental steps... balancing always wanting more of yourself and being very proud of where you are.” We at CHQOER are very, very proud of Natalie Dell.

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“What we do matters”

Mary Jo Pugh, PhD, CHQOER Alum

Mary Jo Pugh, PhD, RN recalls that when Dan Berlowitz (Director of CHQOER) first hired her as a health statistician he told her, “What I really think you need is a postdoctoral fellowship in Health Services Research.” Pugh took him at his word and started a postdoctoral fellowship within a year. Just two years later she became a VA HSR&D Career Development Awardee (CDA), studying quality of care for the elderly with a focus on prescribing for geriatric epilepsy. By this time she had also successfully applied for an IIR to examine inappropriate prescribing in the elderly. Today, Dr Pugh is an investigator at the South Texas VA Health Care System and an Associate Professor at the University of Texas Health Science Center, San Antonio.

Pugh describes how being a CDA at CHQOER gave her the opportunity to learn rigorous HSR&D research methods: “It was like a second PhD.” Equally important, it allowed her to develop skills for managing a research career, such as how to gather a diverse team, write successful proposals, and manage funded projects, papers, networking and presentations. She emphasizes the importance of the salary support that the CDA provides, saying that for early-career researchers “the award provides protected time to develop their own body of research, to become independent.” She also emphasizes how the CDA program is important for continuing efforts to improve the quality of health care that the VA provides.

“If the VA wants to use its research to guide policy, an investment in developing researchers who know the VA and who are well-suited to ask important questions about VA policy is of critical importance...an internal, intramural program provides a continuity and a foundation on which to conduct important research.”

Quality of care for patients with epilepsy continues to be a major focus of Dr. Pugh’s research program. She

notes that while the American Academy of Neurology has set practice parameters, there is still a need for more comprehensive guidelines. Currently, there are no guidelines at all for treatment of geriatric epilepsy. “There’s a need for data, that practice guidelines can be based on,” says Pugh. The importance to the VA population is clear. The VA anticipates an increase in the epilepsy patient population because of traumatic brain injury in combat veterans in Afghanistan and Iraq. In 2009 the VA moved towards improved care by establishing the Epilepsy Centers of Excellence. Pugh is working in collaboration with the research group at the Epilepsy Centers of Excellence, as well as Dan Berlowitz and Lewis Kazis at CHQOER, to develop quality indicators for epilepsy treatment in the VA. The indicators are a research tool at this point and they will be used to examine how organizational changes in VA epilepsy care impact the quality of care. Pugh anticipates that the indicators will also contribute to improving care as a QI tool.

Another focus of Pugh’s work is quality of care and outcomes for OEF-OIF veterans. For one current project she has begun an analysis to examine comorbidities that younger vets have when they first enter the VA healthcare system. She plans to follow these vets for five to seven years in order to look at resilient coping and study how it is associated with stability or decline. Her goal, as always, is to feed that information back into clinical practice: “If you want to improve the care you have to at some point start implementing.”

When asked why she stays at the VA, Pugh cites good colleagues and the availability of national data. But fundamentally, she is deeply dedicated to the veterans: “They are a population that we need to be supporting and this is one way that I can do that.”

Postdoctoral HSR&D Fellowships

CHQOER seeks candidates for 2-year postdoctoral fellowships in health services research to begin October, 2011. Fellowships are funded by the Department of Veterans Affairs, Health Services Research & Development (HSR&D) service.

Applications due by February 28, 2011.

For details and contact information, go to:

www.chqoer.research.va.gov/fellowship.asp