

# VA Health Services Research and Development Service

## Centers of Excellence: An Overview of HSR&D Field Programs



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## Introduction

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The Health Services Research and Development (HSR&D) service is a national resource for examining costs, quality, access and patient outcomes. Its key operating units are the nine field programs, each of which is a center of excellence in a particular domain of health services research, and the Management Decision and Research Center (MDRC), which was developed to facilitate the interaction between HSR&D and VHA senior managers and policy makers.

This document\* is a summary of field program activities and funding. Each section offers a field program overview, includes information on recent projects, and briefly details program structure and budget. Implications of the current structure and funding are also discussed.

Field programs receive both core funding and project funding. Combined, the nine field programs received over \$4.2 million in HSR&D core funding in Fiscal Year 1996. In addition, HSR&D invested over \$2.1 million in the MDRC. With this total core investment of approximately \$6.4 million, HSR&D provided the infrastructure to conduct research projects, as well as technical support, consultation and information to assist VHA managers, clinicians and policy makers.

As each section notes, this core funding covers only a fraction of the field programs' operating costs but is significant as a reliable source for continuity and as a springboard for further funding. By successfully leveraging their core support, the field programs attained contracts and awards for total budgets of over \$62 million in FY96, multiplying money for research by a factor of 15.

The individual field programs established themselves over the past two decades through a competitive process. They and the MDRC are reevaluated periodically.

*For additional information, please contact Shirley Meehan, M.B.A., Ph.D., Acting Director, HSR&D (202-273-8287) or the MDRC or field program directors.*

\* The VISN/HSR&D Liaison Committee was created in order to have an ongoing dialogue between network directors and HSR&D researchers on new priorities and new initiatives. This report was prepared at the request of the VISN/HSR&D Liaison Committee.

# **The Center for Practice Management and Outcomes Research**

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## **Ann Arbor VA HSR&D Field Program**

### **Program Overview**

The Ann Arbor HSR&D Field Program is one of the oldest VA HSR&D programs, having originated as a site-specific program in 1978. In 1983 the program expanded to include multiple research sites within the Great Lakes Region and was funded as one of the first four field programs. In 1995 the program reorganized to assure a larger critical mass of interdisciplinary resources at a single center in Ann Arbor.

The Center's overall goal is to conduct research that promotes the optimal management of resource-intensive care for America's veterans. Our specific priorities are to: (1) develop and evaluate systems to support practice management, quality monitoring, and quality improvement; and (2) help optimize the provision of efficient, high quality care by investigating the outcomes of alternative treatments and the reasons for variations in practice and outcomes, both within and outside the VA system.

The Center is also home to VA's Serious Mental Illness Treatment Research and Evaluation Center (SMITREC). SMITREC was established in 1992 as an ongoing special evaluation and research field program of the Mental Health and Behavioral Sciences Service (VA Headquarters). While SMITREC receives its own core funding, it shares staff and expertise with the Center, thus maximizing use of these resources. SMITREC staff are currently working with Center staff to generate proposals in research areas of mutual interest, in an effort to increase the scope and impact of SMITREC's work on the care of the seriously mentally ill beyond what could be achieved with the core funding alone.

In addition to the above research priorities, the Center continues to conduct research and provide expertise on issues of resource allocation, which remains an area of great interest to VA operations. Research on resource allocation is obviously critical for improving the quality and decreasing the costs of resource-intensive care and, therefore, integrates well with our main research priorities. However, unlike our research on quality monitoring and outcomes which originate from a variety of sources, our resource allocation research is initiated primarily at the request of the field through Requests for Applications or individual contracts. It is critical that any research in this area be in direct response to medical center and network needs.

### **Budget and Structure**

The Center is organized into research teams that are headed by one or more investigators. New investigators initially receive one or two years of core money support, but are thereafter expected to support their teams by external grants and contracts. Staff from the Center work closely with investigators at the Ann Arbor VA Medical Center, University of Michigan School of Public Health, and University of Michigan School of Medicine. All Center investigators funded from core funds or grants (VA and non-VA) have appointments at the University; and a significant number of University faculty (approximately 15, many of whom contribute their time) serve as co-investigators or consultants on HSR&D projects.

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In FY96 the Center received \$248,000 in core funding from VA Headquarters; however, the total budget of the Center was \$2.9 million. Almost three quarters of the total budget came from competitively awarded research and education grants, both within and outside the VA. Although HSR&D core funding accounts for only nine percent of the Center's budget, these are critically important, flexible dollars that can be leveraged to expand the research at the Center. Core funds are used primarily to support: (1) proposal development and pilot research by new investigators; (2) small, pilot projects by VA investigators, both within and outside the Center (Locally Initiated Projects); (3) new proposal development by productive investigators who have made consistent contributions to the Field Program, but have occasional interruptions in their research funding; (4) provision of technical assistance to new investigators; and (5) a portion of overhead and computer network services. With the exception of overhead and computer support, the goal of all of these activities is to leverage core funds to produce a center of excellence in health services research relevant to the health care of America's veterans.

The Center employs approximately 42 people with a variety of skills and expertise essential to a health services research center. The research skills and disciplines of HSR&D investigators and associate investigators include the following: biostatistics, database management, computer programming, decision analysis, guideline development and dissemination, organizational behavior, outcomes and effectiveness research, provider profiling, psychometrics, quality measurement and improvement, resource allocation, simulation analysis, and survey research.

### Recent Work

From May 1995 through April 1996, Center staff published 47 peer-reviewed papers. In addition, nearly 50 papers were published by contributed investigators who have strong affiliations with the Center. Despite very limited travel funds during that time period, Center investigators made 48 presentations at 25 different scientific meetings. It is important to recognize that core funding for the Ann Arbor site has been approximately half of that for the other field programs, since it was only one site within a multi-site structure prior to its recent reorganization. With additional core funds received for FY97, the Center expects to expand all of its activities over the next couple of years.

Major research initiatives at the Center include the areas of intensive care, diabetes, mental illness, head and neck cancer, reconstructive surgery, and cardiovascular disease, among others. The following are specific examples of ongoing research:

- Examination of hospital length of stay associations with efficiency and severity of illness.
- Evaluation of accuracy of risk-adjusted hospital mortality rates.
- Evaluation of quality of care screens from hospital laboratory databases.
- Comparison of laboratory, radiology, and pharmacy use in VA, community, and Canadian hospitals.
- Examination of costs, quality, and appropriateness of diabetes care.
- Identification of veterans' and non-veterans' preferences for diabetes care and health maintenance examinations.
- Evaluation of pressure ulcer assessment via telemedicine.
- Evaluation of patient outcomes for head and neck cancer treatment.
- Development and validation of a plastic/reconstructive surgery patient satisfaction survey.

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- Identification of determinants of demand for mammography and PSA testing.
- Identification of outcomes of veterans with co-occurring serious mental illness and substance abuse disorders.
- Longitudinal assessment of functioning and service use of older seriously mentally ill veterans.
- Application of a hospital simulation model for bed reallocations.
- Design and validation a VA clinical nutrition staffing model.
- Evaluation of alternative organizational models for the provision of ultrasound services.

### Implications

The philosophy of the Ann Arbor Field Program regarding funding has several implications:

- Field Program investigators and their teams tend to be responsible for much of their own financial support. This allows a large center of excellence to be created out of a relatively small amount of core funds, but it makes investigators accountable for how they spend their and their team's time. (Most investigators and staff have term rather than permanent appointments.)
- Resources to conduct new research are very limited. All unfunded projects must be small, of limited duration and create opportunities for future funding and research.
- Relationships with investigators at the University of Michigan allow us to capitalize on invaluable expertise for small amounts of fixed resources. However, administrative relationships with the University usually require interagency personnel agreements.
- Investigators are encouraged to seek funding from a variety of different agencies, both inside and outside of VA. This is not only necessary to maximize opportunities for funding in the short-term and to achieve diversified, stable long-term funding, but is also often important to the career advancement of those investigators with University appointments.
- Career development awards are essential to protect time of physician investigators, who are essential to the type of research done at the Center.

*For additional information, please contact Rodney A. Hayward, M.D., Director, HSR&D Ann Arbor Field Program (313) 930-5100.*



# Center for Health Quality, Outcomes and Economic Research

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## Bedford VA HSR&D Field Program

### Program Overview

The Center for Health Quality, Outcomes and Economic Research (CHQOER), a VA HSR&D Field Program located at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts, was established in 1990. The Bedford VAMC is a Boston University Dean's Committee Hospital, and the Center has linked its structure, operations and research themes with the health services research expertise present at Boston University, including the Boston University School of Public Health and the Boston University Department of Medicine's Section of General Internal Medicine. Dr. Mark Prashker, the Center's Director, also serves as Chairman of the Health Services Department at the Boston University School of Public Health.

The Center's research agenda focuses on three main areas that reflect the overall goal of improving the quality of care that Veteran patients receive: health quality assessment, outcomes measurement, and health economics. The methodologies developed at the Center incorporate complementary approaches, considering the patient's as well as the provider's perspective, and using functional as well as physiological parameters. Given the ever increasing cost constraints on providing health care to the Veteran population, our research has focused on areas that promise to provide insight into improving both the quality of patient care as well as the efficiency of how it's provided. In addition to its research focus, the Center also sponsors pre-doctoral and post-doctoral training programs in health services research, and serves as an integral site for the Boston University School of Medicine's general internal medicine training program.

### Budget and Structure

The Center is organized into three sections: Quality Assessment, led by Dr. Dan Berlowitz; Health Outcomes, led by Dr. Lewis Kazis; and Health Economics, led by Dr. Ann Hendricks. They are linked through a series of bi-monthly research meetings which form the cornerstone for cross collaboration between Center investigators.

Total grant support for research for the last fiscal year was \$3.5 million. This is an increase of over \$1 million over last year's direct research funding (which, in turn, was an increase in over \$1 million from the year before). This also represents a total dollar funding commitment for these projects of \$17 million. The total operating budget of the Center is \$4.8 million, with core funding making up only 11% of the total budget. Core funds are not used to subsidize funded research projects, but support three major functional areas in addition to providing bridge support for investigators between grant funding: (1) on-site consultation to investigators in key areas such as statistical support, survey design, health economics and general research design; (2) research infrastructure including computers, networks, software and other equipment; (3) administrative support relating to fiscal matters, human resources, communications, training programs and proposal development; (4) secretarial support for grant proposals, manuscripts and presentations.

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## Recent Work

Examples of recent research undertakings include:

- Development of quality measures for ambulatory and long-term care.
- Improvement of physician-patient communication.
- Evaluation of the use of telemedicine in chronic disease care.
- Development and use of patient-centered outcomes measures in the veteran population.
- Examination of the health related quality of life of women veterans who receive health care at VA facilities.
- Development and testing of oral health related quality of life outcome measures.
- Decision analysis and cost-effectiveness analysis.
- Econometric demand models.
- Productivity measurement.
- Development of VA cost functions.
- Evaluation of HEDIS 3.0 measures in the VA
- Development of case mix measures for the VA
- Developing functional status measures for VA long term care facilities

Researchers and investigators at CHQOER have published 70 papers within the last year in medical and scientific journals and have presented at over 60 health services and medical meetings, disseminating research information and gaining exposure in national forums.

In addition to funded research projects, an important component of the research activities at CHQOER involves providing technical assistance and service to VA organizations. Some of the recent activities include collaborations with the VA Office of Quality Management, VA Office of Geriatrics and Extended Care, VA Medical Care Cost Recovery division as well as local medical centers and VISNs.

In addition, the Center is working with VISN 1 to provide support in obtaining performance measures for its facilities and in developing business plans for several VISN projects.

## Implications

The Center's relationship with the Boston University School of Public Health means that all Center faculty have academic appointments in the Health Services Department at the school. Dr. Mark Prashker is the Chair of the Health Services Department at the School of Public Health and Dr. Robert Meenan, the Dean of the School, is the Chairman of the Center's steering committee. Our affiliation with BU provides a mutually beneficial vehicle through which all faculty at the Center are expected to seek competitive funding and provide as much of their salary support as possible. As mentioned earlier, core center funds are used only to provide investigator salary support when recruiting junior faculty and for "bridge" support if an investigator is between

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grants. In either case, core dollars are applied for the short term only. Investigators, who recognize that their success and security are directly related to their ability to obtain research grants and publish professionally, pursue their work accordingly.

As is the case at other research organizations, the large portion of CHQOER funding comes from grant support. Center investigators' time is committed to working on those projects which support their salaries. This requirement leaves little time to contribute to other projects. Also, given the level core funding support, there are very limited resources available to conduct research projects except those funded from an extramural source.

*For additional information, please contact Mark J. Prashker, M.D., M.P.H., Director, HSR&D Bedford Field Program (617) 687-3250.*

# Center for Health Services Research in Primary Care

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## Durham VA HSR&D Field Program

### Program Overview

The Center for Health Services Research in Primary Care is an HSR&D Field Program located in Durham, North Carolina. Of the nine centers of excellence, the Durham field program is the only one with primary care as its focus. The Durham Center's objective is to develop system-wide strategies that enhance the delivery, quality, and efficiency of primary care for veterans. This objective is pursued through an array of focused research and proactive teaching programs. Our twofold mission is to provide information on the organization, financing, and delivery of health services, particularly primary care services, that are relevant to the VHA and the larger health services research community; and to educate health professionals in the techniques of health services research as supported through a spectrum of training grants.

We currently accommodate over 30 full- and part-time researchers, fellows, statisticians, and support staff who provide expertise in biostatistics, epidemiology, health policy, and economic analysis. Medical research associates specialize in general internal medicine, geriatrics, infectious disease, endocrine, gastroenterology, cardiology, neurology, psychiatry, and rehabilitative medicine.

Research efforts at the Durham Center address a diverse range of primary care issues. The Center is a pioneer in VA cooperative studies (national multi-site studies) on application of clinical trial methods and research design required to study health care delivery issues. Staff research expertise spans the managed care continuum, from generalist service to hospice and palliative care, including: access to health care, defining process and outcome quality in primary care, generalist-specialist differences in the provision of health care, addictive substance research, and patient preferences for advance directives.

### Budget and Structure

Since beginning operations in 1982 with VA funding of \$350,000, project allocations have increased to nearly \$38 million in research dollars from government and private sources. This year, 25 research projects and numerous training programs are in progress. Current-year funding for all activities is \$5.7 million with a total award of \$38,006,681 for active projects. Our core budget allotment of \$500,000 covers support personnel, researchers, an administrative officer, office support and program assistant, data management and computer support, travel, equipment maintenance and leases, and office supplies.

The Center maintains academic affiliations for teaching and research collaborations with Duke University in Durham and the University of North Carolina at Chapel Hill— primarily with the Department of Health Policy and Administration, and the Cecil G. Sheps Center for Health Services Research. We also maintain major research collaborations with other selected programs at the Durham VA and Duke University Medical Centers, including the Women Veterans' Comprehensive Health Center, VA Rehabilitation Research Unit, VA Geriatric Research, Education, and Clinical Center, VA National Center for Health Promotion, Duke University Center for Health Policy Research and Education, and the Duke University Claude D. Pepper Older American Independence Center.

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In addition to conducting research, Center staff and associates contribute time to teaching other health professionals about clinical research methods in epidemiology, biostatistics, and database management. Also, in collaboration with the VA Office of Academic Affairs, we provide training-site opportunities for pre-doctoral candidates, physician fellows, and post-doctoral fellows.

### Recent Work

Last year, 55 manuscripts were published or accepted for publication in peer-reviewed journals, and 47 presentations were given or accepted in national and regional forums by HSR&D staff, funded investigators, HSR&D physician research associates, or fellows and postgraduates participating in health services research training programs.

Recent activities with national and local impact include research that shows:

- Enhanced primary care improves glucose control in diabetes.
- Equal access to VA AIDS care among racial/ethnic groups.
- Primary care clinical pharmacist improves medication control.
- Abbreviated regimen of antibiotics proves cost-effective.

Other studies research:

- Cost-effective management of chronic disease by foot care in diabetics.
- Polypharmacy in elderly patients.
- Diabetes self-glucose monitoring.
- Teledermatology.
- Staffing requirements for the VHA Medical Centers.
- Stroke rehabilitation and patient outcomes.
- Special problems of spinal cord dysfunction.

### Implications

The Durham HSR&D program is an effective player within VHA as part of the overall effort to succeed as a premier managed care provider. Our research focuses on the veteran patient as its subject and object and follows logical links along a continuum from generalist care to hospice and palliative care (the specialized care of dying). Our research takes into account customer (i.e., the veteran patient) issues of individual choice, dignity, and cultural diversity. Finally, our research acknowledges the cost pressure of managed care by focusing on a number of specific questions, such as: 1) the most cost-effective medications, and 2) health care techniques that can be used efficaciously by health care workers who have less training (and cost less) than highly specialized physicians.

As the only HSR&D Field Program with an emphasis on primary care, we anticipate continued success in obtaining research funding. Pending proposals include Utility of Teledermatology, Staffing for VA Medical Centers, and Defining Attributes of the Quality of Dying.

*For additional information, please contact Eugene Oddone, M.D., Director, HSR&D Durham Field Program (919) 286-6936.*

# Midwest Center for Health Services and Policy Research

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## Hines VA HSR&D Field Program

### Program Overview

Established in 1983, the Midwest Center for Health Services and Policy Research (MCHSPR) was among the first HSR&D field programs. Since then, the MCHSPR has continued to build upon four areas of expertise: long-term care/geriatrics, cost-effectiveness, quality assurance and sociodemographic studies. During its tenure, the MCHSPR has conducted investigator-initiated research and service directed research, sponsored national conferences, educational workshops and seminars, aided investigators in various capacities from providing critical reviews of proposals to serving as study investigators, and published and presented numerous research findings.

There are four VA facilities within the boundaries of the field program, including the host facility, VA Hines Hospital, and three other VA Medical Centers: North Chicago, West Side, and Lakeside. The close proximity of these facilities provides a unique opportunity to perform collaborative studies in health services research.

In addition, the Field Program is affiliated with many of the major universities in the Chicago area. The Institute for Health Services Research and Policy Studies at Northwestern University is our primary affiliation. The new Institute, led by Peter Budetti, MD, JD, has been expanded beyond the Evanston Campus to the Chicago Campus where it and Northwestern's Medical and Law Schools will be integrated. Other affiliations include Loyola University of Chicago, the University of Illinois School of Public Health, the University of Chicago, and Rush University. All investigators and some staff have faculty appointments at Northwestern University, the University of Illinois at Chicago and/or Loyola University.

The Center is affiliated with two premier VA research centers: the Center for Cooperative Studies in Health Services, which coordinates multi-site clinical trial and effectiveness studies in health services research; and the VA Cooperative Studies Program, which coordinates multi-site biomedical studies that increasingly are focusing on health related quality of life and cost outcomes. Many MCHSPR investigators have joint appointments in these research centers or serve as principal or co-investigators on studies coordinated through the centers. Through this work, they have acquired expertise in the research design and analysis techniques needed to conduct multi-site studies, as well as practical knowledge about the logistics of such studies. At Hines, we have shown that cooperative studies and health services research can be linked to produce meaningful results for DVA decision makers.

### Budget and Structure

The MCHSPR receives funding support from several different sources. In FY96 core support amounted to \$560,000, approximately 15% of our total funding of \$3.8 million. The other 85% of our funding comes from competitive efforts including VA Investigator Initiated Research, VA Service Directed Research, VA cooperative trials, other federal funding agencies and private foundations.

Although our core funding from Headquarters is a relatively small percent of the Center's total budget, it is important because it is constant and dependable every year. These funds are used primarily to support: 1) core staffing with expertise in VA and other national databases, VA cost accounting, forms design, and research

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design; 2) administrative staff for core activities, such as human resources and personnel matters, fiscal matters, and communications with Headquarters staff; 3) secretarial staff for assistance with preparation of grant proposals and reports; and 4) research infrastructure resources such as computer software and hardware and other equipment. Core funding allows the field program to serve as national resources to Congress, VA Headquarters, VISN and local medical centers. Studies mandated by Congress or required by Headquarters or VISN that require a rapid response lend themselves well to field program participation because of the core resources and expertise that exists in the field program.

### Recent Work

The mission and resources of the MCHSPR have made it possible for our investigators to make important contributions to health services policy and research within the VA and the larger health services community. Some recent contributions include:

- Evaluation of the impact of subacute care in the VA.
- Development of a long term care database.
- Testing and validation of an approach to locate women veterans.
- Validation of an approach to assess health care needs of women veterans.
- Evaluation of physician compensation in the VA.
- Evaluation of the consolidated mail-outpatient pharmacy program in the VA.
- Development and testing of an intervention to improve home based primary care.
- Development of a model to predict veteran's health service use for use in evaluating the impact of changing urban hospital locations.
- Study of the impact of veteran migration patterns on health care demand.
- Development and testing of computerized reminders in ambulatory care in VAMCs.
- Evaluation of case managed residential care for homeless addicts.

Productivity of research centers can be measured by the amount of grants for which they successfully compete and the number and quality of their publications and presentations. As mentioned above, 85% of our funding was from competitive research grants. In addition, during the last year, MCHSPR investigators contributed to 70 peer reviewed publications, including 65 articles, and 5 book chapters. Also, sixty presentations were made at national and regional meetings by field program staff.

Investigators also serve as consultants providing technical expertise and advice to health care policy makers, managers and clinicians. For example, within the VA, MCHSPR investigators have consulted with Clinical Affairs, Quality Assurance, and Geriatrics and Long Term Care in Headquarters and to several VISN on a variety of topics. Outside of the VA, investigators have consulted with state and local health care agencies and managed care organizations. Some specific examples include:

- working with the Office of Quality Assurance to initiate the National Surgical Risk Quality Improvement Program, which involved the coordination of 120 medical centers;

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- assisting and collaborating with the Illinois Department on Aging with development, testing and evaluation of a new assisted living program for low and middle income elderly; working with the VA's Information Medical Information Resource Management Office to develop an ambulatory care minimum data set and scannable encounter forms.

### Implications

Given the mission of the MCHSPR, the funding and structure has several implications regarding initiation of new projects, funding for investigators, investigators pursuit of academic achievement and coordination with multiple universities and VAMCs.

First, regarding initiation of new projects, limited fixed resources are available to conduct small data collection or analysis efforts and consultation. These activities are important, however, in making the MCHSPR a unique resource to clinicians, hospital administrators and VISN directors. Funding, therefore, is essential to support the personnel and research tools necessary to conduct research projects requiring substantial personnel commitments or resources of the MCHSPR.

Also, because MCHSPR investigators are expected to acquire external funding to demonstrate independence, academic achievement and to offset their salaries, their time is typically committed to conducting multiple ongoing externally funded projects. While some project time lines are flexible, others may not be. Investigators must honor commitments to existing projects while embarking on new ones. Moreover, new projects that would involve investigators' effort must provide financial support for their time and expertise.

In addition, there is a strong desire to conduct research that makes important contributions to the health services research community and to disseminate the findings. Projects that have the potential to provide investigators the freedom and opportunity to publish their research findings in peer-reviewed publications and to present their research at national meetings are a priority to MCHSPR.

Finally, while the MCHSPR has a wide range of interdisciplinary experts and research resources at its disposal, involvement of multiple institutions requires more coordination and financial support for indirect costs when investigators or resources outside of the Hines VA Hospital are involved.

*For additional information, please contact John G. Demakis, M.D., Director, HSR&D Hines Field Program (708) 216-2414.*



# Center for Quality of Care and Utilization Studies

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## Houston VA HSR&D Field Program

### Program Overview

The Houston Center for Quality of Care and Utilization Studies was established in 1990. From its beginning, the Houston Center has focused its research and development efforts on methods of assessing quality of care and on the study of the levels and determinants of veterans' utilization of health services. It is the only VA HSR&D field program devoted explicitly to these topics.

Five academic institutions are affiliated with the Houston Center. The primary affiliate is Baylor College of Medicine. The other four are the University of Texas School of Public Health, Rice University, the Department of Sociology at the University of Houston, and Texas A&M University.

A unique feature of the Houston Center is its expertise in using large health care databases, both VA as well as non-VA, for health services research and management. The Houston Center has developed a national reputation in large database analysis both within and outside the Department of Veterans Affairs. Recognizing the value of that expertise to the VA as a whole, the VA HSR&D Service has supported the Houston Field Program's acquisition and upgrade of the extensive and complex computing system that the analysis of these large databases requires.

The Houston Field Program conducts research that is directly and immediately relevant to the VA's mission of providing high-quality, cost-effective care to as many eligible veterans as possible. Field Program investigators evaluate and refine the findings and methodological advances of their research by putting them to the test in the real world of the VA health care delivery system. Results are shared with the health services community at large by means of scholarly publications in peer-reviewed journals.

### Budget and Structure

The Houston Center's operating budget for FY96 was \$2.3 million. Its core allocation for last year represented about 19% of the Center's operating funds. The local VA medical center provided several FTEE from FY90-97. The largest portion of the Center's operating budget comes from VA and non-VA grants and contracts for specific research projects that Center investigators obtain competitively.

Houston Center investigators have been successful in taking the dollars provided by VA Headquarters and the local VA medical center and parleying them into funds from external sources. On average, for every contributed dollar, Center investigators have garnered \$2 from external sources.

In addition to obtaining grants from research organizations, the Center conducts studies under contractual arrangements. Clients have included the Office of Quality Management in VA Headquarters, the Director of Women Veterans' Health Programs in Headquarters, the VA National Health Care Reform Office, the VA Management Decision and Research Center in Boston, and several Veterans Integrated Service Networks.

The Houston Center is built around the concept of team leaders. There are 11 research team leaders and one administrative team leader. Research team leaders are Ph.D. or MD investigators and full-time employees of

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the Center. The disciplines represented among our team leaders are biostatistics, economics, medicine, and social psychology. Team leaders are responsible for developing and pursuing a research agenda, obtaining external support for themselves and their research teams, and disseminating the results of their work. They are also expected to contribute their expertise to other Houston Center project teams.

At this time, all the physician-team leaders are full-time VA employees. All the non-clinician team leaders are full-time Center employees; almost all have term appointments. Recognizing that stability of salary support enhances productivity of team leaders, the Houston Center strives to obtain contributions from the medical center or network that will ensure that team leaders are supported during the funding hiatuses associated with grant cycles. The Center's core allocation supports the common set of administrative and production functions of the research unit, provides some pilot-study funding, and supports new team leaders for a brief period while they get their research programs up and funded. Because team leaders must support their own research teams with external funds, most of the Center's funding is "soft" and must continually be renewed by obtaining new grants and contracts.

### **Recent Work**

The organizational structure and philosophy of the Center, the diverse disciplines of the team leaders, and collaboration with investigators from other sites have fostered important contributions to health services research and management. Some recent research topics include:

- Analysis of the effect of different modes of financing VA hospitals on hospital discharge rates, lengths of stay, and multiple stay rates.
- Development and testing of the validity and usefulness of various quality-of-care or performance indicators derived from administrative databases.
- Assessment of the links between the process of care and early unplanned re-admission.
- Assessment of the links between inpatient process of care and complication rates.
- Development of conceptual and methodological approaches to case-mix adjustment, using data from administrative databases as well as the electronic medical record.
- Validation of large-database risk-adjustment models against the gold standard of primary data.
- Analysis of the cost-effectiveness of various interventions.
- Comparison of the costs of VA to non-VA care.
- Assessment of the validity of different ways of eliciting patients' treatment preferences in prostate cancer.
- Analysis of geographic variations in health services utilization and outcomes.
- Development and use of scales that measure the outcomes of treatment for discreet clinical conditions such as osteoarthritis of the knee, dyspepsia, and AIDS.

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In addition, Center investigators have conducted evaluation studies of several VA programs, e.g. a Congressionally mandated Mobile Clinics Demonstration Project, eight comprehensive centers for the treatment of women veterans, and the effectiveness of VA mobile clinics in responding to natural disasters such as the Northridge earthquake. Center investigators also provide technical expertise to health care managers and providers inside and outside VA. For example,

- Dr. Nelda Wray, Center Director, was appointed by Governor George Bush of Texas in January 1996 to chair the Texas Health Care Information Council, which is charged with developing the statewide databases that will help Texans evaluate the quality of Texas health care providers.
- Several Center investigators are assisting the Houston VA Medical Center in evaluating the effects on cost, quality, and outcomes of the newly-established multi-disciplinary ambulatory care clinics.
- A team of Center investigators is conducting analyses of risk-adjusted bed-day rates in the Veterans Integrated Service Networks. A population-based analysis, developed in conjunction with executives from the Northwest VA Network, is being used instead of the traditional, facility-based analyses.

The Center helps to advance health services research and practice in the US by reporting its findings to the health services research community at large. Over the past two years, Center investigators have published nearly 100 articles in peer-reviewed scientific journals, produced 33 book chapters, books, proceedings, or technical reports, and presented 60 abstracts, lectures, or conferences. The Center publishes a newsletter three times a year that is sent to 2500 VA and non-VA researchers and managers.

The Center has been designated a training site for post-doctoral fellows (non-clinicians) in health services research, and this year selected its two topnotch fellows from a pool of over 30 applicants.

### Implications

The organizational structure and philosophy of the Houston Center have had several implications:

- The Center's intense investigative focus on the VA medical care system and its users has meant that most grants and contracts have come from VA sources, as non-VA agencies have little interest in supporting work so directly relevant to VA. Efforts to diversify funding sources are underway.
- The success of the Center depends on the success and productivity of its team leaders. After their initial period of Center support, little support from the Center's core allocation is available to them. This means that team leaders face continual pressure to obtain extramural support, to be highly productive in terms of research dissemination, and to devote themselves only to projects that have a high likelihood of success.
- In the Center, very little lead time is required to put together multi-disciplinary research teams that function effectively and are very efficient in designing projects and writing proposals. This is because of the mix of disciplines and expertise of Center staff and the fact that team leaders are full-time employees and are accustomed to working together.

*For additional information, please contact Nelda P. Wray M.D. M.P.H., Director, HSR&D Houston Field Program (713)-794-7615*

# Field Program for Mental Health

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## Little Rock VA HSR&D Field Program

### Program Overview

The Little Rock HSR&D Field Program for Mental Health was established in October 1990, as a collaborative effort of the HSR&D Service, VAMC Little Rock; the University of Arkansas for Medical Sciences (UAMS); the UAMS College of Medicine, Department of Psychiatry and Behavioral Sciences, and the UAMS College of Nursing. The Field Program's mission is to improve mental health care within the Department of Veterans Affairs and nationwide, through the development, implementation, and dissemination of policy relevant and clinically relevant health services research.

Our research efforts are organized around two principal axes: areas or conditions of primary emphasis which are cognitive impairment, comorbidity, depression, schizophrenia and substance abuse; and themes or substantive areas of primary concern, which include access to and utilization of mental health services, effectiveness and outcomes of care, and costs and efficiency of care. Field Program investigators are nationally recognized for their expertise in the measurement of outcomes of care for mental and substance use disorders and, in particular, for the development and validation of brief, comprehensive disorder-specific instruments for outcomes measurement in our areas of emphasis. The methodological and theoretical expertise required to develop and validate these instruments is complemented by a practical focus on the design and implementation of mental health outcomes monitoring and management systems under ordinary clinical conditions both within and outside the VA. Field Program experience and expertise in this area is of particular relevance to the VA as it rapidly shifts toward patient-centered, outpatient-based, guidelines-oriented mental health service delivery in a competitive market.

### Budget and Structure

The Field Program operating budget has grown rapidly over the past seven years as investigators have used core funding to conduct pilot studies that translated into successful competitive research proposals. In FY96 the Little Rock Field Program operating budget was \$5.2 million. The \$450,000 HSR&D core funding accounted for less than 10% of that total. The Little Rock VAMC provides some salary support as well as providing space; UAMS contributes administrative, data management and computer support. The remainder of the budget is derived from grants and contracts awarded by VA HSR&D and a wide variety of non-VA agencies and foundations.

All Field Program investigators have academic appointments at UAMS, primarily in the Department of Psychiatry and Behavioral Sciences. This relationship facilitates collaborations between Field Program personnel and researchers at UAMS as well as at other components of the University of Arkansas system.

In addition to its research activity, the Field Program provides technical consultation and assistance to the Little Rock Director's Office, as well as to other health services researchers and policy-makers at the Little Rock VAMC, at UAMS, and at academic institutions across the country. We have also been designated by the VA Office of Academic Affiliations as a post-doctoral health services research training site, and are the only site specifically dedicated to providing training in mental health services research.

## Little Rock VA HSR&D Field Program

### Recent Work

Field Program investigators and affiliated scientists are involved in some 30 ongoing projects. In the past year, core staff published 50 articles and book chapters, and made 49 presentations at national and international meetings. The following examples illustrate some recent activities:

- Assessment of the prevalence and extent of underdiagnosis of 12 psychiatric disorders in medical and surgical inpatients at 3 VAMCs, and comparison of outcomes for patients with and without comorbid psychiatric (DSM-III-R) disorders.
- Development and validation of brief and comprehensive, disorder-specific instruments (outcomes modules) to assess outcomes of care for schizophrenia, alcohol use disorders, and drug use disorders.
- Development and validation of a method to screen computerized pharmacy databases for inappropriate medication management in schizophrenia, and assessment of the relationships among physician characteristics, medication management, and patient outcomes.
- Assessment of the accessibility, utilization, and outcomes of alcoholism aftercare programs at the Little Rock VAMC.
- Evaluation of clinical quality indicators for patients at risk for hospitalization for depression or schizophrenia in Arkansas.
- Evaluation of the effectiveness of behavioral interventions to reduce disruptive behavior in nursing home residents, and assessment of the impact of the intervention on residents' affective state.
- Assessment of the inter-hospital variation in length of stay for treatment of depression in the VA.
- Evaluation of the effect of implementing the VA Major Depressive Disorder Guidelines on quality of care, outcomes, patient satisfaction, clinician attitudes, and service utilization.
- Estimation of the cost-effectiveness of clozapine monitoring after the first six months of treatment.
- Estimating the variation in the size of VA facility market areas for specific diagnoses, especially outpatient medical and psychiatric diagnoses.
- Evaluation of the impact of travel distance on the likelihood of hospitalization for psychiatric treatment versus referral for outpatient treatment.

Investigators in the Field Program are active in local and national activities. Field Program scientists are participating in Central Office Work Groups on development and implementation of guidelines for major depression and for psychotic disorders; have advised the Director of the Arkansas Division of Mental Health Services on introduction of managed mental health care and outcomes monitoring programs into the state public mental health care system; serve on the NIMH National Mental Health Advisory Council, and serve on standing and ad hoc grant review committees for VA HSR&D, VA Cooperative Studies, NIMH, NIDA, NIA, AHCPR, and various foundations.

## Little Rock VA HSR&D Field Program

### Implications

The organization and philosophy of the Field Program for Mental Health has a number of funding implications.

- Field Program investigators tend to be highly leveraged, which requires them to use their time efficiently and effectively.
- To generate and maintain stable, long-term funding for themselves and their staff, investigators must seek grants and contracts from a variety of funding agencies, both inside and outside of the VA.
- Administrative relationships with UAMS tend to be complex and require a large number of Inter-agency Personnel Agreements and use of Sharing Agreements.

*For additional information, please contact G. Richard Smith, Jr., M.D., Director, HSR&D Little Rock Field Program (501) 688-1622.*

# Center for Health Care Evaluation

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## Palo Alto VA HSR&D Field Program

### Program Overview

The Center for Health Care Evaluation (CHCE), is an applied health services research group composed of individuals trained in health services, health economics, epidemiology, public health, evaluation research, social psychology, medical sociology, and biostatistics. The Center's primary affiliation is with the Stanford University School of Medicine in Palo Alto, California, additional affiliations are with the National Bureau of Economic Research, the Institute for Health Policy at the University of California, San Francisco, and the Center for Mental Health Services Research at the University of California, Berkeley.

CHCE's mission is to conduct and disseminate health services research that results in more effective and cost-effective care for veterans and for the nation's population as a whole. We work to develop an integrated body of knowledge about health care and to help the VA and the broader health care community plan and adapt to changes in the health care system. The Center's research emphasizes five main areas: improving the organization and delivery of health care services; decision aids, screening procedures, and clinical decision-making; evaluation of treatment for substance abuse and psychiatric disorders; evaluation of treatment for older veterans; and health services research methodology.

### Budget and Structure

The Center for Health Care Evaluation was established in 1985 and today there are 15 core staff members. The Center is integrated with two other organizational units: the VA Palo Alto Center for Cooperative Studies, and the Program Evaluation and Resource Center.

We make an active effort to serve as a resource, support, and coordinating center in our local area for all types of VA-relevant health services research and development activities. We also provide technical assistance and consultation on research projects in VA Medical Centers and in medical and academic institutions across the country.

We place strong emphasis on education in health services research for VA and Stanford University health care staff. Core staff serve as faculty members or hold appointments in the Departments of Medicine, Health Research and Policy, Economics, Medical Information Sciences, Psychiatry and Behavioral Sciences, Sociology, and Human Biology at Stanford. Our Field Program is designated by the VA Office of Academic Affairs as a pre- and post-doctoral health services research training site, and as a postdoctoral training site in Medical Informatics. The overall goal of these programs is to train individuals who will become leaders in health services research and medical informatics and have an impact on clinical and health care problems and on advances in research methods to address those problems.

In FY96, the Field Program's core budget from HSR&D Service was \$500,000. Core and affiliated staff members obtained over \$7.2 million in VA, other federal, and private funding for health services research and training programs, and our total budget was more than \$8.5 million. Thus, core funds provide about 6% of our overall budget.

### Recent Work

Overall, Center core and affiliated staff are conducting about 50 health services research projects. In the past year, we disseminated our findings by publishing about 100 articles in professional journals and books, presenting about 25 papers at scientific and clinical meetings, and publishing our Center newsletter. Some of these publications focused on the areas highlighted below.

- *Improving the organization and delivery of health care services.* We are identifying how the VA can organize its services to best meet veterans' health care needs. In this regard, results of a recent project on veterans' choices of inpatient services indicate that veterans travel further than the non-VA population for hospital services, and service connected veterans are more likely to use VA services and travel further than are non-service connected veterans for VA care. Veterans are more likely to use the VA for medical than mental health services. Another project recently determined that changes in VA nursing wage policies, allowing the VA to set Registered Nurse wages based on average wages at nearby community hospitals, improved the VA's recruitment and retention of RNs.
- *Decision aids and clinical decision making.* We are improving HIV screening policies by analyzing the cost-effectiveness of screening strategies among VA patients and health care providers and generating screening guidelines tailored to specific clinical situations. For example, we found that the cost-effectiveness of screening inpatients for HIV infection in acute care hospitals in which the seroprevalence rate is 1% is within the range of other accepted interventions, exclusive of the effect of screening on quality of life (\$47,200 per year of life saved). In a recent cost-effectiveness analysis of using warfarin or aspirin with elderly patients who have nonvalvular atrial fibrillation (NVAF), we found that treatment with warfarin is cost-effective in patients with NVAF and one or more additional risk factors for stroke. In older patients with NVAF but no other risk factors for stroke, prescribing warfarin instead of aspirin would increase costs significantly but have little effect on quality-adjusted survival.
- *Evaluation of treatments for substance abuse and psychiatric disorders.* We are conducting a multi-center, naturalistic comparison of the process and effects of traditional 12-step and cognitive-behavioral VA substance abuse treatment. We are also conducting an evaluation of the process and outcome of treatment in VA contract community residential facilities (CRFs). Initial results showed that longer episodes of CRF care and of outpatient mental health follow-up care are associated with lower re-admission rates for additional substance abuse care. A meta-analysis of alcoholism treatment outcome research recommended that outpatient treatment should be encouraged for most individuals. Inpatient treatment options should be retained for individuals with serious medical or psychiatric conditions, and residential options should be available for individuals with fewer social resources and environments that are not conducive to recovery.
- *Services to VA policy makers and program managers.* Currently, core staff are working with VA Headquarters staff on the system-wide VA substance abuse program evaluation, including the conversion of inpatient to outpatient treatment at the Tuscaloosa VAMC. Center staff prepared a VA white paper that reviewed and integrated existing literature on inpatient and outpatient treatment for substance abuse. In addition, core staff assisted the VA's Research Realignment Advisory Committee by estimating the costs of VA-sponsored research. We are also working with VA Headquarters' Office of Policy and Planning regarding veterans' choices of the VA for health care.



## Palo Alto VA HSR&D Field Program

### Implications

The Center's integrated research program depends on core support, which is essential to maintaining the stability of our research group. Specifically, the Field Program's core budget enables us to attract and retain well-qualified staff; to facilitate our development as a center of excellence with specific thematic foci and continuity and integration of effort; to provide health services researchers in our VISN and beyond with technical services, such as reviews of Letters of Intent and proposals for submission to HSR&D and other funding agencies; to provide start-up funding for pilot projects and promising new research directions, and common resources for producing research grants and manuscripts and conducting statistical analyses; and to enhance the use of valuable longitudinal databases after dedicated project funding ends and support dissemination of the findings.

The fact that core support is such a small part of our overall budget, however, makes us especially careful about how we spend our time and the types of projects we initiate and conduct. Essentially all our investigators are on term appointments and need to keep long-term funding opportunities and career goals clearly in mind. Although core staff time is used to consult with managers and policy makers, ongoing research projects must obtain sufficient funding to support themselves.

As a Center, we strive to maintain a diverse but integrated portfolio of projects that will support investigators' salaries and enable us to maintain a viable research program.

*For additional information, please contact Rudolf H Moos, Ph.D., Director HSR&D Palo Alto Field Program (415) 858-3996.*

# Northwest Center for Outcomes Research in Older Adults

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## Seattle VA HSR&D Field Program

### Program Overview

The Northwest HSR&D Field Program is a collaborative effort of the VA Puget Sound Health Care System and the Portland VA Medical Center. Major supporting community institutions are the University of Washington, the Center for Health Studies at Group Health Cooperative of Puget Sound, and Kaiser Permanente Center for Health Services Research in Portland. The goals of the Field Program are to perform state-of-the-art research, to generate new knowledge and research methods, and to assist VA policy makers in a rapidly changing health care environment. The core staff conducts a comprehensive program of health services research funded by a combination of VA and non-VA sources. They also provide extensive technical assistance, consultation, and education. Areas of emphasis are improvements in the quality of ambulatory and long-term care. The Field Program sponsors a Center for Cooperative Studies in Health Services and also sponsors six highly successful training programs with 20 physicians, 2 postdoctoral fellows and 2 predoctoral students enrolled in 1996. The total research budget for the Northwest Field Program was \$11.7 million in FY96, with only 5% from core funds.

### Budget and Structure

Funding from both VA and non-VA sources has grown considerably since 1982. The total research budget for the Field Program was \$11.7 million. Of this, 42% was derived from VA sources while 58% was from other sources. The majority of VA funding (56%) was from competitive awards, including career development. Growth of research support represents effective leveraging of core funds, which currently make up only 5% of our budget. Core funds are not applied to long-term salary support for investigators but are targeted toward administrative support for activities not related to the conduct of specific, funded projects such as communication with headquarters, development and processing of research proposals and training programs, fiscal and personnel tasks; research infrastructure including computers, software, and other equipment; on-site consultative assistance in key areas such as biostatistics; general secretarial support with highest priority given to preparation of grant proposals, and start-up funding for newly recruited investigators or bridge funding during interruptions in the extramural support of established investigators.

Rarely if ever are core funds used to subsidize a funded research project or a project unlikely to result in extramural funding.

From its inception in 1982 as one of the inaugural field programs, the Northwest Field Program has capitalized on its close relationships to the University of Washington School of Medicine and the School of Public Health and Community Medicine. These relationships have shaped the nature of research performed and the manner in which it is funded. Several factors have been important in this regard:

- Core investigators are required to be full-time faculty members in at least one academic department. This requirement ensures the high quality of the investigator staff and enables them to make best use of University resources and maintain working relationship with University-based faculty.

## Seattle VA HSR&D Field Program

- The availability of high caliber University-based faculty representing a breadth of disciplines interested in devoting fractions of their time to specific research projects provides a pool of potential collaborators who do not require fixed salary support.
- Promotional pathways at the University emphasize peer-reviewed publications and the ability to obtain extramural funding as strong evidence of independence and academic achievement. All investigators are expected to seek competitive funding and offset sizable portions of their salaries.

### Recent Work

Active research projects include six investigator-initiated research projects, five Center for Cooperative Studies in Health Services projects, 13 locally-initiated projects, and 40 non-VA funded research grants. Recent topics include:

- Development and evaluation of a system for ambulatory care quality improvement.
- Design of innovative models of outpatient follow-up of patients receiving chronic anticoagulation.
- Implementation of guidelines for treatment of depression and hypertension.
- Impact on access, cost, and quality of care of the VA multi-stage nursing home contract initiative.
- Patient, provider, and system characteristics associated with patient satisfaction with VA specialty medicine clinics.
- Interventions to prevent frailty, falls, and other injuries and preserve independence in the elderly.
- Effectiveness and cost of care provision over the telephone.
- Comparison of costs and veterans' preferences of centralized vs. local means testing.
- Evaluation of VA clinical workstation project.
- Comparison of outcomes of coronary angioplasty between VA and the private sector.
- Prevention and treatment of foot problems and prevention of amputations in diabetic patients.
- Workbooks to guide patients in developing advance care directives.
- Unexplained illnesses among Persian Gulf War veterans.

The Field Program was active in local, national, and international activities providing technical assistance, consultation and educational support. Members of the Field Program sit on editorial boards, policy advisor boards for national groups including the Institute of Medicine, Advisory Boards for other VA studies, and study review panels at the national and local level. Staff provide extensive consultation on the application of research results in clinical practice, including the development of practice guidelines, measures and databases for quality assurance, and nationally-distributed educational materials.

In FY96, Field Program investigators published 74 full-length articles (66 in peer reviewed journals) and 18 book chapters and have 72 additional publications in press. Investigators made 82 presentations to national and international audiences.

## Seattle VA HSR&D Field Program

### Implications

The philosophy of the Northwest Field Program regarding funding has several implications.

- Investigators must seek funding from a variety of different agencies, both inside and outside of VA, to maintain a portfolio that provides sufficiently stable long-term funding.
- Investigators tend to be highly leveraged.
- Career development awards are crucial in allowing physicians protected time to conduct research.
- Fixed resources to conduct new research are very limited. Funding for any new research effort must typically include any additional variable costs and occasionally marginal increases in fixed expenses.
- When funding is available, the Field Program has the resources to initiate new projects on a broad range of topics in an economical manner with an appropriate mix of highly qualified personnel.

*For additional information, please contact Stephan D. Fibn , M.D., M.P.H., Director, HSR&D Seattle Field Program (206) 764-2430.*

# Center for the Study of Healthcare Provider Behavior

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## Sepulveda VA HSR&D Field Program

### Overview

The Center for the Study of Healthcare Provider Behavior, established as a field program in 1993, is a collaboration between the Sepulveda, West Los Angeles & San Diego VA Medical Centers, and the RAND Health Sciences Program. Additional institutions affiliated with the Center include: the Employee Education System-Long Beach Education Center, Southwest area VA Medical Centers and Outpatient Clinics, and local community institutions including: Cedars Sinai Medical Center, Harbor-UCLA Medical Center, Olive View Medical Center, and Jewish Homes for the Aging.

The Center is dedicated to the improvement of healthcare quality and outcomes in the VA and non-VA health systems through an active program of research, education and training, technical services, and information dissemination activities. The Center has three major objectives:

- To conduct research on healthcare provider behavior and on factors that influence provider behavior.
- To use the results of this research to develop, evaluate and refine alternative approaches for improving the quality and outcomes of healthcare.
- To disseminate and implement the results and recommendations of this research program within the VA healthcare system and elsewhere.

Improved understanding of what healthcare providers do and why they do it is critically important for efforts to guide the future of healthcare within and outside the VA. The Center seeks to build a knowledge base and unifying framework that will assist researchers, policy makers, healthcare providers and patients in designing and evaluating programs to improve the quality and economy of healthcare.

To meet its *research goals*, the Center is developing and refining theoretical models of healthcare provider behavior, implementing interventions based on these models, and evaluating intervention results.

To meet its *education and training goals*, the Center carries out an integrated set of activities—including fellowship programs, courses, seminars, and conferences—comprising a multicampus program linking all Field Program sites. The education and training program focuses on developing the overall health services research capabilities of each site, as well as skills and awareness of healthcare provider behavior issues among affiliated researchers.

The Center is strongly committed to providing *technical assistance* at several levels. First, the Center seeks to make its technical expertise available to affiliated VAMCs, to Veterans Integrated Service Networks (VISNs) and to national VA policy and practice initiatives. Second, the Center provides technical assistance to its affiliated non-VA institutions and other national, regional, and local non-VA policy and practice initiatives. And third, the Center provides support to VA and non-VA research programs and investigators in areas related to Center expertise. Finally, Center investigators *disseminate* their work through peer-reviewed papers and publications, conferences and seminars, the general news media and through technical monographs and reports.

## Sepulveda VA HSR&D Field Program

### **Budget and Structure**

The structure of the Center is designed to facilitate achievement of our goals. The Director, Lisa Rubenstein, M.D., M.S.P.H., and the Associate Director, Brian Mittman, Ph.D., work closely with the Center's Steering Committee, drawn from among the nationally recognized health services research leaders of the Center's affiliated institutions. The Center's strategic mission and progress in achieving its goals and objectives are overseen by this Steering Committee. Site directors at each affiliated institution work with the Steering Committee and Center directors to facilitate and enhance Center-related activities at their institutions. The Center's administrative and research support staff facilitate Center programs at all affiliated institutions.

In addition to the Center's core funding, Center affiliated investigators have been successful in obtaining funding from other VA sources (IIRs, Rapid Response projects, etc.), and from other federal agencies. Core funding is less than 3% of the Center's total budget of \$19 million, including its affiliates. It is critical for providing the necessary VA infrastructure which allows us to maintain the highest level of VA research expertise. This, in turn, provides a base which supports our ability to obtain additional research funding. Core support also grants us the flexibility to be able to respond to the many VISN and Rapid Response requests that we receive.

### **Recent Work**

Center core staff are leading several major projects that are yielding new insights into healthcare provider behavior. These projects leverage core funding by adding substantial extramural funding. Projects include three multi-site four-to-five year studies and two two-year studies on methods for implementing clinical practice guidelines to improve healthcare quality and outcomes. Another national five-year project evaluates community care for HIV/AIDS. Other Center research focuses on quality and outcomes of emergency room care and a variety of types of specialty care, and on understanding the relationships between patient preferences, healthcare provider behavior and decision making.

Center investigators participate regularly in Headquarters, VISN and local policy initiatives. The Center views such participation as integral to its mission. All Center VAMC sites have been actively involved in providing technical services to their VISNs and medical centers. At the Sepulveda VAMC, this assistance has been formalized with the establishment of an Evaluation and Decision Support Service.

Locally initiated projects remain a core of Center research activity. These projects yield significant numbers of conference presentations and publications and serve to educate and build collaborations among local investigators with interests related to healthcare provider behavior. The Center currently funds, through direct grants and in-kind services, over 15 such projects. Projects receiving significant Center in-kind and monetary support have yielded 41 abstracts, 15 papers and 8 new grant proposals this year. Projects receiving monetary support have yielded 8 abstracts, 1 paper, and 2 grant proposals.

Center core investigators have published over 100 articles in peer reviewed journals during the past year, and have discussed research findings in over 20 national and international conferences.

## Sepulveda VA HSR&D Field Program

### Implications

- The Center pursues research, education and training, technical assistance, and information dissemination, making its expertise available to local VAMCs, VISNs and VA national policy initiatives.
- The Center draws on experts at affiliated VA and non-VA sites to involve nationally recognized health services research leaders.
- Core funding provides the infrastructure to maintain research expertise, the base for obtaining additional funding, and the flexibility to respond to the many VISN and Headquarters requests the Center receives.

*For additional information, contact Lisa Rubenstein, M.D., Director, Center for the Study of Healthcare Provider Behavior, Sepulveda, CA (818) 895-9449.*

# Management Decision and Research Center

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Boston

## Program Overview

The mission of the Management Decision and Research Center (MDRC), created in 1992, is to assist in translating research into practice. It links health services research and health services researchers with managers and policy makers to assist VA in its mission of providing value in health care to veterans. It functions by helping to frame managers' questions, locating and providing information and expertise to answer managers' and policy makers' needs. In its role as a link between research and practice it also informs researchers of key questions faced by managers.

Examples of MDRC activities include: dissemination of research results, conference products and supporting media; management consultation, including providing assistance in organization development and management of large scale organizational change; technology assessment; program evaluation; short-term policy analysis; monitoring private sector health services and management research; and conducting management and organizational research.

## Budget and Structure

The MDRC has sixteen professional and support staff presenting a unique combination of organization and management research and consulting skills. The MDRC staff is organized into four programs — Management Consultation, Information Dissemination, Technology Assessment, and Management and Organizational Research — that work together in cross-functional and synergistic ways. In conducting most of its projects, the MDRC relies heavily upon other staff in HSR&D, especially the nine field programs, and health services researchers outside VA. The Center has academic relationships with Boston University School of Public Health and University of Massachusetts Donahue Institute for Governmental Affairs.

Because the MDRC's primary focus is on integrating research and practice, and assisting in applying knowledge, the majority of its budget of \$2.1 million in FY96 is programmed into activities that directly assist VA management. Direct HSR&D funding for MDRC core activities amounts to \$2.0 million, the major portion of MDRC's budget and over 5% of the total HSR&D budget. In FY96 the MDRC received an additional \$981,000 in medical care funds to conduct thirteen consultation projects, including program evaluations that extend over several years, and \$18,000 for technology assessment activities.

All of the MDRC's research activities are funded through competitive research awards. Since it was established, the MDRC has been funded for three competitive, peer-reviewed research projects. In FY96 it received \$152,000 in HSR&D funding and \$120,000 in funded research through its academic affiliate.



# Management Decision and Research Center

## Recent Work

- Ongoing assessments of Service Line Management, and Facility Integrations
- Primers on Primary Care, Health Care Technology Assessment, and Outcomes Research
- Management briefs
- Reviews of Managed Care, physician profiling, as well as gamma knife and other clinical technologies
- Evaluation of Position Emission Tomography
- Support to VA Technology Advisory Group
- Consultation to VISNs on service line implementation

## Implications

The primary focus of the MDRC is on application of research results and expertise to the benefit of VHA as an organization. To conduct its activities:

- It receives substantial funding directly from HSR&D, representing 5% of HSR&D's budget. This reflects HSR&D's commitment to supporting VA managers through application of research findings and expertise.
- It works closely with HSR&D field programs to conduct projects requested by VHA senior managers.
- Individual projects (primarily in management consultation and technology assessment) require additional funding, which provides for direct project costs such as acquiring HSR&D field programs' or independent universities' staff time.

*For additional information, please contact Martin P. Charns, D.B.A., Director, Management Decision and Research Center, Boston (617) 278-4433.*



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