



University of California, Davis  
**Center for Healthcare  
Policy and Research**  
2009-2010 Annual Report

Joy Melnikow, MD, MPH  
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**University of California Davis**  
**Center for Healthcare Policy and Research**  
**ANNUAL REPORT – EXECUTIVE SUMMARY**  
**2009-2010**

**Report Highlights**

- **Leadership:** During this reporting period the CHPR was led by Joy Melnikow, MD, MPH, as Center Director. She was assisted by Patrick Romano, MD, MPH (Education and Training Director) and Teresa Farley (Management Services Officer).
- **Space:** Our current space at the Grange II building in Sacramento will be undergoing a facelift, however, appropriate space continues to be an area of concern as we undertake new research projects and hire additional staff.
- **Membership:** Membership remains steady at 93, as retiring members are replaced by the recently recruited. The mix of faculty is currently 61% from the School of Medicine and 39% from non-SOM appointments.
- **Financial Reporting:** For fiscal year 2009-2010, expenditures were \$1,887,623 from research funds and \$327,357 from core funds.
  - 17 new proposals were submitted seeking funding of \$14,183,985.
- **Intramural Outreach:** CHPR faculty and staff continue to provide mentorship to junior faculty and post-doctoral fellows with interests in health services research.
  - A growing commitment to Comparative Effectiveness Research (CER) has resulted in two calls for pilot grants in this area, with one set of CER pilot awards made during this reporting period.
  - An additional six pilot research projects, funded by our “Bridging the Causeway” symposium (a symposium developed to encourage intramural outreach), were completed during this fiscal year.
  - The CHPR hosted two UC Davis Graduate Student Researchers, and one International Graduate Student Researcher, during this reporting period.
- **Extramural Outreach:** The CHPR continues to expand its function as a resource for the Sacramento region and remains involved in local, state and national activities.
  - A CHPR Team has been actively involved in the California Health Benefits Review Program (CHBRP). Dr. Melnikow was invited to assume the role of Vice Chair for Public Health in 2010-2011 and UC Davis will take the lead role for public health analyses in the upcoming year.
  - The SAMHSA-funded conference, Targeted and Tailored Messages for Dealing with Depression (T2D2), was led by PI Richard Kravitz, and focused on communication and outreach within a diverse community of stakeholders working with depressed patients and their families.
- **Communication:** The CHPR website and newsletter were revamped to create a more attractive and functional web presence and facilitate more effective outreach.

- **Research Proposal Development:** The new Grants Development Team continued to provide fast and effective assistance to Center members, preparing a significant number of proposals, including several which were targeted at federal American Recovery and Reinvestment Act (ARRA) funding.
- **Active Research Projects:** During fiscal year 2009-2010, the CHPR housed 19 active projects, representing over \$10M in total funding.
- **Seminar Series:** The CHPR continues to sponsor a weekly health services research seminar in Sacramento. During this fiscal year, speakers were solicited to participate in a special “Healthcare Reform Series,” which included important talks by speakers such as Michelle Mello, an expert on Health Policy law, and Susan Foote and Sen. Dave Durenberger, experts on health reform.
- **Primary Care Outcomes Research Fellowship Program (PCOR):** The CHPR continues to host this unique program to train Primary Care physicians in outcomes research. A second award for 3 years from HRSA supports PCOR from 2008 through 2012. The PCOR program continues to flourish through additional support and internal development.
- **Translational Research:** The CHPR continues to expand collaborative activities with the UC Davis Clinical and Translational Science Center (CTSC).
  - An administrative supplement proposal was submitted by the CTSC to support funding for a Comparative Effectiveness Research Methods course to be directed by Dr. Melnikow.
- **Health Policy Team:** The CHPR continues to develop a Health Policy Team, with contracts and grants in several policy related areas, including:
  - Analysis for the Office of Statewide Health Planning and Development.
  - A cost-effectiveness analysis of mammography services that are supported by the California Cancer Detection Service’s *Every Woman Counts* program.
  - Development of a decision guide on selecting quality measures on behalf of the US Agency for Healthcare Quality and Research (AHRQ).
  - Three analyses for the California Healthcare Benefits and Review Program.

**University of California Davis**  
**Center for Healthcare Policy and Research**  
**ANNUAL REPORT**  
*2009-2010*

The University of California Davis Center for Healthcare Policy and Research has now completed seventeen years of ongoing growth and development. The Center has developed a solid organizational and research base. Our research and educational activities have been recognized and acknowledged within the University of California research community and externally. Careful self-analysis and development of our organizational structure continued throughout the 2009-2010 academic year. This annual report will provide an overview of the activities and accomplishments of the past year and highlight the Center's future goals.

**I. Activities and Accomplishments of Current Academic Year**

**A. Administrative and Organizational Development**

**Center Leadership**

During this reporting period the center was led by Dr. Joy Melnikow as the Center Director. She was assisted by Patrick Romano, MD, MPH (Education and Training Director), and Teresa Farley (Management Services Officer).

**Reporting Relationships**

Dr. Melnikow reported to Dr. Claire Pomeroy, Dean of the School of Medicine, and to Dr. Frederick J. Meyers, Executive Associate Dean, concerning day-to-day administrative affairs. Dr. Melnikow continues to report to the Vice Chancellor for Research (Barry Klein and then Bernd Hamann) for long-term programmatic affairs.

**Center Space**

The Center remains in the Grange Building which has allowed for consolidation of Center resources and more efficient performance as a Research Center.

While the Center's current building spaces are adequate and meeting the needs of research and administrative staff, success in future grant funding brings expectations of growth and the addition of new staff and faculty. As we expand our research capability, we anticipate the need for additional space in 2011-12. We will shortly be undergoing an upgrade in the Grange Building and ultimately expect that CHPR will be invited to move to the new Research IV Building, currently in the design phase. However, whether this invitation will afford the Center more space is not yet clear.

## **Computing Resources**

### **Center Computing Mission Statement**

Over the past year, the Center has made considerable improvements in its computing and information-technology operation capabilities. Upgrades have been made across the board: from increased average workstation processing power, to more rational and efficient network management and security measures, the implementation of remote office-access capabilities, a completely reconstructed website, and state-of-the-art teleconferencing capabilities. All workstations older than 3 years have been updated and replaced.

All of the technological developments we have made over the past year have been with our focused intent on the following enhancements: improved interdepartmental relations and collaboration, increased data security, maximal processing power, efficient and user-friendly remote access capabilities, separation of individual data from community data and regularly scheduled data backups. Even as new technologies diffuse through our Center, these primary considerations will continue to steer our direction.

### **Oversight and Management**

Ben Timmons continues to be our immediate network administrator and computer systems support provider. Physical network data storage and backup is provided by IT Department of UC Davis Health Systems, and coordinated by Mr. Timmons.. Access to any computer system located on our physical plants or within our network is regulated by means of secure login and password authentication assigned and controlled by the network administrators from within a Windows Active Directory console.

### **Standard Workstation Configuration**

All CHPR computers are Microsoft Windows-based and have some version of Microsoft Office (2003, 2007 or 2010) installed. All staff have been provided with active Lotus Notes accounts to increase compatibility with the Health System technology and enhance e-mail security.

### **Data Access Management**

The level of security assigned to local and network computing resources is determined by a balanced consideration of published UC Davis & UC Davis Health System security policies, HIPAA guidelines and the informed prudence of CHPR Network Resource Administrator Ben Timmons, Center Director Joy Melnikow, UCDHS Network Administrator Gordon Adams, and Management Services Officer Teresa Farley. We are in compliance with UC Davis Cyber Safety Regulation.

### **Physical Resource Security**

In addition to employing active directory mapping and resource access security to maintain network security, we ensure that all Windows-based computers (which all of our computers currently are) are locally protected by use of IPSec security policies that block external access to the computers. We are “doubly-secured,” falling under the protection of both the physical firewall protection and logical (Active Directory IPSec policy assigned) firewall protection. All

network security is overseen by the IT Department of the UC Davis Health System. All workstations have been physically secured with a computer lock for theft prevention.

### **Interdepartmental Data Management: Maximizing Resources without Security Degradation**

The Center's network-based data is hosted, secured and backed-up by UC Davis Health Systems Domain Administrators (located in the Administrative Services Building on the UCD Sacramento Campus). Ben Timmons is responsible for organizing and delegating access to all data and storage space on the CHPR-allocated portion of the UC Davis Health Systems data servers, using Windows Active Directory for account management and workstation administration.

While network data is stored on servers in the HS Domain (physically located in Sacramento Administrative Services Building), all of the software-programs we run at the Center are physically installed on – and accessed from – local CHPR workstations (with the exception of LOTUS NOTES, EMR, and Citrix-based applications, which are hosted by the Health System). Data files containing personal or sensitive information, including information on patients, study participants and employees are kept in secure “private” sections of the network drive – accessible only to the file's creators and legitimate viewers.

### **Software Purchasing and Licensing**

All software installed and/or used on Center workstations has been properly licensed to the individual systems on which they reside (and to specific individual licensed user(s) when necessary). All center Windows and Office installations are licensed through the UC Davis Microsoft Consolidated Campus Agreement which we purchase annually through SHI on a UCOP contract. We also maintain several licenses for other software including, but not limited to Stata, SAS, TreeAge Pro, Microsoft Visio and Endnote.

### **Virus Protection**

All workstations at the Center are protected through McAfee Virus Scan Enterprise 8.0. The policies and virus updates are managed by the Network Associates ePolicy Orchestrator Agent provided and controlled by the IT Department of the UC Davis Health System. This scheme has been effective in protecting us against viral and malicious code.

### **Center Faculty**

Current membership has remained steady at 93. Several new members were added, and a few were removed from our list this year after moving on to other endeavors. Members include faculty from the School of Medicine, The Nursing School, other UCD campus schools, departments, and several organizations outside the University of California, Davis, including Kaiser and several State of California health agencies. The current mix of Center faculty is 57 (61%) from the School of Medicine, 36 (39%) from non-School of Medicine appointments. A list of faculty members is appended in Appendix 1.

### Executive Committee

The Executive Committee continues to provide guidance to the Director on the long-term development of the Center, as well as providing operational guidance, determining the allocation of Center resources, and reviewing and approving faculty membership applications.

The 2009-2010 Executive Committee included the following members:

Joy Melnikow, MD, MPH  
Center Director, Professor Family and Community Medicine

Rahman Azari, PhD  
Senior Lecturer, Department of Statistics

Aaron Bair, MD  
Assistant Professor, Department of Emergency Medicine

Klea D. Bertakis, MD, MPH  
Professor and Chair, Family and Community Medicine

Adela de la Torre, PhD  
Professor and Director, Chicana/o Studies

Peter Franks, MD  
Core Center Faculty and Professor, Family and Community Medicine

Donald M. Hilty, MD  
Associate Professor, Department of Psychiatry and Behavioral Sciences

Anthony Jerant, PhD  
Professor, Family and Community Medicine

Richard L. Kravitz, MD, MSPH  
Professor, Internal Medicine

Paul Leigh, PhD  
Core Center Faculty and Professor, Epidemiology and Preventive Medicine

Debra A. Paterniti, PhD  
Assistant Adjunct Professor, Internal Medicine,  
Assistant Adjunct Professor, Sociology

John Robbins, MD, MHS  
Professor, Internal Medicine

Patrick Romano, MD, MPH  
Core Center Faculty and Ass. Professor, Internal Medicine and Pediatrics

Dennis M. Styne, MD  
Professor, Department of Pediatrics

Daniel J. Tancredi, PhD  
Assistant Professor in Residence, Department of Pediatrics

### **Advisory Board**

The purpose of the Advisory Board is to provide CHPR leadership with advice on the direction of its programs. The Board consists of leading community members, state health policymakers, and an emeritus dean. The Board did not meet during this reporting period.

### **Administrative Support**

#### *CHPR Leadership*

With recruitment of an ever-larger and more experienced staff, CHPR's internal management structure has been periodically reorganized and now depends on a team approach. Responsibility for executing CHPR's mission rests with a Director (Joy Melnikow, MD, MPH), an Assistant Director for Education and Training (Patrick Romano, MD, MPH), and an Operations Manager (Teresa Farley). In addition, CHPR employs an administrative/ financial team of one .75% time Financial Manager, one full-time Financial Assistant, and one full-time Analyst-Supervisor who serves as communications officer, Director's assistant and manager of special projects.

#### *Project Management*

Once a project has been funded, CHPR makes available to faculty a number of research support services. A team of experienced *Project Managers* provides expertise in optimizing project resources, supervising research staff, and preparing research reports. *Research Assistants* at the undergraduate, graduate, and post-doctoral levels format questionnaires, conduct telephone surveys, code interactional and qualitative data, assist with data entry and preliminary statistical analysis, and perform library searches. *Statistical Analysts* perform data management and analysis of health data. *Nurse Research Coordinators* assist with project management, instrument design, data collection and analysis of clinical data obtained from inpatient and outpatient medical records.

## **B. Outreach Activities**

### **Intramural Outreach**

In line with CHPR's commitment to facilitate interdisciplinary research on the Davis campus, CHPR faculty and staff provide mentorship to junior faculty and post-doctoral fellows whose interests and research fall under the umbrella of health services research, with a growing emphasis on Comparative Effectiveness Research (CER). Two calls for pilot grants for research in the area of Comparative Effectiveness were made during this fiscal year, and one set of CER awards, jointly funded by the CHPR and the CTSC, was announced in March of 2010. The other set will be announced during the upcoming fiscal year.

Six research projects funded by our "Bridging the Causeway" symposium, which was developed to encourage intramural outreach, were completed during this fiscal year. Details of those projects are as follows:



Title:	<b>Migrant agricultural workers' mental health needs and barriers to care: A pilot study</b>
Principal Investigator:	Natalia Deeb-Sossa, PhD
Grant/Contract Number:	BTC-1
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

This Bridging the Causeway pilot award addresses issues of access to health care and disparities in service utilization in Yolo County. The pilot project is designed to lay the foundation for ongoing engagement and dialogue on health care issues with Mexican migrant agricultural workers.

Title:	<b>Validation of a parent exit interview survey to assess physician counseling on diet and physical activity during pediatric well child visits</b>
Principal Investigator:	Ulfat Shaikh, MD, MPH
Grant/Contract Number:	BTC-2
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

Although healthcare provider counseling on diet and physical activity is associated with obesity risk reduction, healthcare providers infrequently provide such counseling to children. Rigorous assessment of the effectiveness of interventions to increase counseling on diet and physical activity by physicians requires quantifying baseline levels of such counseling, as well as validating counseling measures and instruments.

To achieve our goal of designing a valid measure of diet and physical activity counseling, we plan to address the following specific aims: (1) To determine if parent reported counseling of diet and physical activity, as measured by the Nutrition and Physical Activity Survey (NAPAS), correlates well with physicians' actual counseling, as measured by coding of audio-taped clinical encounters in a primary care pediatric setting; (2) To describe counseling practices for diet and physical activity, as well as factors associated with such practices, in a primary care pediatric setting.

Title:	<b>Designing Sustainable Educational Materials for Community-based Programs</b>
Principal Investigator:	Ben Rich, JD, PhD
Grant/Contract Number:	BTC-3
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

Study aims to design interventions to increase women’s understandings of breast health and cancer prevention (a) using the Delphi-method in the context of a Community Advisory Board in order to develop breast health and cancer prevention materials for Slavic immigrant women in Sacramento; and (b) four focus group discussions with Slavic immigrant women to assess the relevance and potential use of materials in the Slavic community.

Title:	<b>What should doctors say when giving prescriptions? The use of persuasive strategies in medical recommendations</b>
Principal Investigator:	Bo Feng, PhD
Grant/Contract Number:	BTC-4
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$9,000

Using data collected in the Physician Patient Communication Project (1999), we plan to conduct a content analysis of physicians’ medical recommendations during problem-driven visits. More specifically, we aim to: (a) perform a descriptive analysis of doctors’ use (and nonuse) of persuasive strategies pertaining to the four dimensions of medical recommendations—problem seriousness, treatment effectiveness, patient’s self-efficacy, limitations with the recommended treatment, and (b) compare the outcomes (in terms of patient’s intention to comply with the medical recommendation and their satisfaction with the clinical visit) of addressing the four dimensions of medical recommendations with the outcomes of not addressing the four dimensions of medical recommendations.

Title:	<b>Validating methods for assessing vitamin D status in different ancestry groups</b>
Principal Investigator:	Sheri Zidenberg-Cherr, PhD
Grant/Contract Number:	BTC-5
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

African Americans have higher rates of many chronic diseases linked to vitamin D insufficiency (VDI) than do other population groups. African Americans are also at higher risk of VDI than other Americans primarily because their darker skin pigmentation decreases dermal synthesis of vitamin D from sunlight. Nutritionists typically provide advice to individuals on how to decrease risk of chronic disease by assessing diet and activity using recall questionnaires and then making individual recommendations for changes in diet and activity. However, a method to predict vitamin D status based on diet, sun exposure and skin pigmentation is not available. The research proposed here involves development of such a method.

Title:	<b>Social attachment and neurocognitive function as predictors of parental dysfunction in at-risk mothers</b>
Principal Investigator:	Michael J. Minzenberg, Jon Caldwell
Grant/Contract Number:	BTC-6
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$6,650

The proposed study aims to evaluate the relationships between childhood adversity, cognitive-affective processes, psychological symptoms, adult attachment style, and perceptions of parenting in a sample of mothers at risk for disrupted caregiving behavior. We hypothesize that childhood maltreatment will be associated with impaired cognitive control, especially under emotional conditions, and that this finding, together with adult social attachment and concurrent psychiatric symptoms, will mediate the effects of childhood maltreatment on parental efficacy and satisfaction.

In addition, the CHPR has continued its efforts to introduce faculty in the statistical and social sciences to the excitement of multidisciplinary applied health care research.

### **Extramural Outreach**

CHPR continues to function as a resource for the Sacramento region and is involved in a number of local, state and national activities. For example, a CHPR team including Dr. Melnikow, Dr. McCurdy, and Dominique Ritley has been actively involved in the California Health Benefits Review Program(CHBRP) a program funded through the state legislature and administered by the UC Office of the President. Dr. Melnikow was invited to assume the role of Vice Chair for Public Health in 2010-2011, and UC Davis, through CHPR, will be taking on the lead role for public health analyses in this program.

The CHPR organized and convened a regional conference: Comparative Effectiveness Research: Methods and Controversies, with over 85 attendees from UC Davis, other UC campuses, and health policy makers from the Capitol. The Center also organized “Targeted and Tailored Messages for Dealing with Depression (T2D2),” a conference led by PI Richard Kravitz and funded by the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration. The T2D2 conference brought together various stakeholders in the broad community of mental health service providers and patient advocates in the state of California.

### **Communication**

The CHPR began a complete overhaul to its website during this reporting period in order to improve its appearance and usefulness to members and others. Additionally, the CHPR’s paper newsletter was retired in favor of a more streamlined e-newsletter featuring announcements and links to news items on the CHPR and other sites. The Center hopes to continue working to find ways to incorporate the use of new media into its communication and outreach efforts.

### C. Research Proposal Development

As a research center, one of our core activities is providing faculty with assistance in the development and submission of extramural research proposals. Proposals generally fall into three major categories: program-project proposals, junior faculty initiated proposals and senior faculty proposals. While program-project proposals impose the greatest demand on resources, a successful proposal will provide additional opportunities to enhance multidisciplinary collaboration.

During this fiscal year, the CHPR grants development team continued to provide fast and effective assistance in the area of grants submissions. This team prepared a significant number of proposals in 2009-2010, many of which were prepared under very tight deadlines, including several which sought to obtain funding available through the American Recovery and Reinvestment Act (ARRA).

Another major focal point is supporting the efforts of junior faculty members to develop their own areas of research. Particular emphasis is placed on development of proposals to initiate pilot projects as well as full research programs. The Center's grants development team, comprised of Center administrative and financial staff, is available to assist all faculty applicants with budget preparation, template sections, and to facilitate and ensure compliance with various submission guidelines and forms. Over time, CHPR has gradually shifted its focus from support of smaller pilot and "starter" proposals to larger multi-year federal grants. Nevertheless, we anticipate continued involvement with a variety of funding sources (federal, state, foundation and other organizations) on projects of varied scope. Appendix 3 summarizes these and other proposals and indicates their funding status at the time of this report.

### D. Active Research Projects 2009-2010

Title:	<b>Patient Coaching for Care of Cancer Pain</b>
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	KRPRACS
Source of Support:	American Cancer Society
Approved/Proposed Dates:	01/01/2006-12/31/2009
Total Costs:	\$1,531,562

An estimate of 90% of patients with cancer experience at least moderate pain at some point in their illness, and 42% of patients do not receive adequate palliation. The main objective of this research is to reduce barriers to pain control by creating more effective partnerships between patients and their health care providers. The aims of the study are: 1) to compare the effects on pain, cancer-related symptoms, and health-related quality of life of a standard cancer pain educational leaflet versus face-to-face, tailored education and coaching; 2) to estimate the effect of tailored education and coaching on patients' self-confidence for managing their pain and participating actively in care; and 3) to examine the mechanisms underlying the beneficial effects of the intervention. The proposed model will enhance research on pain management in that it is a pilot-tested intervention that is applicable in the outpatient setting, based on Social Cognitive Theory, and focused on patient activation and education.

Title:	<b>Costs of Occupational Injury and Illness</b>
Principal Investigator	J. Paul Leigh, PhD
Grant/Contract Number	RO1 OH008248
Source of Support	National Institute for Occupational Safety and Health
Approved/Proposed Dates:	06/01/05 – 05/31/10
Total Costs	\$644,813

We will estimate the national costs of occupational injury and illness. Costs will be estimated in: 1) specific economic categories of direct (medical, administrative) and indirect (lost earnings, fringe benefits, home production, employer costs); 2) demographic categories involving gender, race, ethnic, and age groups; 3) fatal diseases such as asthma, COPD, pneumoconiosis, bladder cancer, lung cancer, and coronary heart disease, renal disease; 4) non-fatal diseases such as dermatitis, carpal tunnel syndrome, hernia, poisoning, sprains and strains; 5) injuries such as amputations, burns, concussion, electric shock, fracture. Finally, we will conduct an extensive sensitivity analysis to determine how our estimates vary as key assumptions are altered.

Disease cost for fatal diseases will be estimated by aggregating and cross-classifying the National Hospital Discharge Survey, the Ambulatory Care Visits Survey, the Hospital Inpatient Statistics Reports, National Healthcare Expenditures Reports, and Vital and Health. We will use the prevalence-based approach. We will assign population-attributable risk percents (PAR%) based upon numerous studies that estimate the contribution of occupational exposures to the development of 16 fatal diseases. Costs of fatal occupational injuries will be estimated with the NIOSH/Biddle model, which will use medical cost data and a present value equation to estimate indirect costs. Non-fatal injury and illness estimates will combine data and models from many sources and use the “incidence” method. The BLS Annual Survey estimate of non-fatal injuries and illnesses will be adjusted to reflect the omissions of government workers and the self-employed as well as estimates of over- and under-reporting of injuries.

Data from the NCCI will be combined with Annual Survey data to estimate numbers of injuries and illnesses in the WC categories of cases: medical only, temporary partial and total disability, permanent partial disability, and permanent total disability. NCCI data on medical costs per case of injury or illness will be combined with modified Annual Survey data to estimate total medical costs. NCCI data on WC indemnity data, published statistics on wage-replacement rates and Annual Survey data to estimate lost earnings, lost fringe benefits and lost home production.

Title:	<b>Agency for Healthcare Research and Quality (AHRQ) Support for Quality Indicators</b>
Principal Investigator:	Patrick S Romano, M.D., M.P.H.
Grant/Contract Number:	290-04-0020
Source of Support:	Battelle Memorial Institute/AHRQ
Approved/Proposed Dates:	10/01/04-09/30/09
Total Costs:	\$1,169,085

The objectives of this project are to: 1) translate research into practice by providing technical assistance to users of the AHRQ Quality Indicators (QIs); 2) annually update, refine, and develop additional literature-based QIs based on administrative data; 3) evaluate the suitability of the QIs

for public reporting by conducting and publishing validation studies based on linked data sets and medical record abstraction; and 4) provide administrative and management support to AHRQ in disseminating information, conducting workshops, and demonstrating and improving the value of the QIs.

Role: Principal investigator, subcontract to Battelle Memorial Institute

Title:	<b>Using Social Risk to Guide CHD Preventive Treatment</b>
Principal Investigator:	Peter Franks, M.D.
Grant/Contract Number:	1 RO1 HL081066-01A2
Source of Support:	National Institutes of Health (Subcontract w/U of Rochester)
Approved/Proposed Dates:	9/01/07-8/31/10
Total Costs:	\$240,000

Subaward with University of Rochester (PI Kevin Fiscella). Study aims are: 1) To determine whether there are discrepancies between racial/ethnic disparities in mammography derived from self-report measures and those derived from Medicare claims. 2) To examine potential explanations for possible over-reporting of mammography by racial and ethnic minorities. 3) To examine potential explanations for possible under-representation of minorities in Medicare claims.

Title:	<b>Targeted and Tailored Messages to Enhance Depression Care and Reduce Stigma</b>
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	1 RO1 MH079387-01A1
Source of Support:	National Institutes of Mental Health
Approved/Proposed Dates:	9/27/07-7/31/12
Total Costs:	\$2,934,256

Surveys of patients and physicians show that direct-to-consumer advertising (DTCA) of prescription drugs influences public attitudes and patient behaviors. In a recent randomized controlled trial (RCT) (MH64683), we showed that patients' requests for antidepressants increase depression-related history-taking, inquiry about suicidal thoughts, and delivery of appropriate initial treatment. Two important questions follow. First, can messages designed to encourage patient participation reduce stigma and overcome barriers to optimal depression care in the clinic and beyond? Second, what is the comparative effectiveness of communication strategies based on targeting vs. tailoring? In this application, we propose a two-phase study to enhance delivery of initial treatment for depression. First, using approaches informed respectively by market research and psychological theory, we will develop two communication interventions aimed at working age adults at risk for depression: (1) demographically targeted Public Service Announcements (PSAs) and (2) a social-psychologically tailored interactive multimedia computer program (IMCP). Second, we will conduct an RCT in primary care offices to compare the two interventions with each other and with an "attention control" (video on sleep hygiene). This proposal comports with dissemination and implementation goals as articulated in the NIMH report Bridging Science and Service and in PAR-07-086.

Title:	<b>AHRQ Quality Indicators Emergency Preparedness Measures</b>
Principal Investigator:	Patrick Romano, MD, MPH.
Grant/Contract Number:	188866
Source of Support:	Batelle
Approved/Proposed Dates:	1/1/08-4/30/2010
Total Costs:	\$980,672

The intent of this contract modification is to provide the necessary analytic and technical support to the Agency for Healthcare Research and Quality (AHRQ) for the purpose of 1) developing a template for a State Data Profile on Emergency Preparedness; and 2) developing evidence-based measures of emergency preparedness for use in a report to Congress. The support shall include providing technical and subject matter expertise in the area of emergency preparedness, measure development, evidence reviews, analytic and statistical support, database management, computer programming, user support, and technical assistance with analysis activities as requested by the Project Officer.

The proposal has separate tasks (1-3) for “base” and “optional” measures. Optional measures are those determined after initial evaluation and consultation with AHRQ and ASPR staff to be considered important for capturing an accurate representation of emergency preparedness, but that require more resource intensive development and validation and therefore are outside of the scope of the current technical proposal (e.g. measures that require the development of novel exercises or substantial site visits for validation and accurate data collection).

Title:	<b>Support of ongoing work on the validity and usefulness of the AHRQ Patient Safety Indicators</b>
Principal Investigator:	Patrick Romano, MD, MPH.
Grant/Contract Number:	2056-2069
Source of Support:	Moore Foundation
Approved/Proposed Dates:	08/01/08-09/30/09
Total Costs:	\$45,000

This gift was awarded to support ongoing work on the validity and usefulness of the AHRQ Patient Safety Indicators, including quality improvement collaborations between UCDCHPR and interested hospitals in the Bay Area and/or Greater Sacramento area.

Title:	<b>Migrant agricultural workers’ mental health needs and barriers to care: A pilot study</b>
Principal Investigator:	Natalia Deeb-Sossa, PhD
Grant/Contract Number:	BTC-1
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

This Bridging the Causeway pilot award addresses issues of access to health care and disparities in service utilization in Yolo County. The pilot project is designed to lay the foundation for ongoing engagement and dialogue on health care issues with Mexican migrant agricultural workers.

Title:	<b>Validation of a parent exit interview survey to assess physician counseling on diet and physical activity during pediatric well child visits</b>
Principal Investigator:	Ulfat Shaikh, MD, MPH
Grant/Contract Number:	BTC-2
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

Although healthcare provider counseling on diet and physical activity is associated with obesity risk reduction, healthcare providers infrequently provide such counseling to children. Rigorous assessment of the effectiveness of interventions to increase counseling on diet and physical activity by physicians requires quantifying baseline levels of such counseling, as well as validating counseling measures and instruments.

To achieve our goal of designing a valid measure of diet and physical activity counseling, we plan to address the following specific aims: (1) To determine if parent reported counseling of diet and physical activity, as measured by the Nutrition and Physical Activity Survey (NAPAS), correlates well with physicians' actual counseling, as measured by coding of audio-taped clinical encounters in a primary care pediatric setting; (2) To describe counseling practices for diet and physical activity, as well as factors associated with such practices, in a primary care pediatric setting.

Title:	<b>Designing Sustainable Educational Materials for Community-based Programs</b>
Principal Investigator:	Ben Rich, JD, PhD
Grant/Contract Number:	BTC-3
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

Study aims to design interventions to increase women's understandings of breast health and cancer prevention (a) using the Delphi-method in the context of a Community Advisory Board in order to develop breast health and cancer prevention materials for Slavic immigrant women in Sacramento; and (b) four focus group discussions with Slavic immigrant women to assess the relevance and potential use of materials in the Slavic community.



Title:	<b>What should doctors say when giving prescriptions? The use of persuasive strategies in medical recommendations</b>
Principal Investigator:	Bo Feng, PhD
Grant/Contract Number:	BTC-4
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$9,000

Using data collected in the Physician Patient Communication Project (1999), we plan to conduct a content analysis of physicians' medical recommendations during problem-driven visits. More specifically, we aim to: (a) perform a descriptive analysis of doctors' use (and nonuse) of persuasive strategies pertaining to the four dimensions of medical recommendations—problem seriousness, treatment effectiveness, patient's self-efficacy, limitations with the recommended treatment, and (b) compare the outcomes (in terms of patient's intention to comply with the medical recommendation and their satisfaction with the clinical visit) of addressing the four dimensions of medical recommendations with the outcomes of not addressing the four dimensions of medical recommendations.

Title:	<b>Validating methods for assessing vitamin D status in different ancestry groups</b>
Principal Investigator:	Sheri Zidenberg-Cherr, PhD
Grant/Contract Number:	BTC-5
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$10,000

African Americans have higher rates of many chronic diseases linked to vitamin D insufficiency (VDI) than do other population groups. African Americans are also at higher risk of VDI than other Americans primarily because their darker skin pigmentation decreases dermal synthesis of vitamin D from sunlight. Nutritionists typically provide advice to individuals on how to decrease risk of chronic disease by assessing diet and activity using recall questionnaires and then making individual recommendations for changes in diet and activity. However, a method to predict vitamin D status based on diet, sun exposure and skin pigmentation is not available. The research proposed here involves development of such a method.

Title:	<b>Social attachment and neurocognitive function as predictors of parental dysfunction in at-risk mothers</b>
Principal Investigator:	Michael J. Minzenberg, Jon Caldwell
Grant/Contract Number:	BTC-6
Source of Support:	CHPR/CTSC
Approved/Proposed Dates:	09/01/08-08/31/09
Total Costs:	\$6,650

The proposed study aims to evaluate the relationships between childhood adversity, cognitive-affective processes, psychological symptoms, adult attachment style, and perceptions of parenting in a sample of mothers at risk for disrupted caregiving behavior. We hypothesize that childhood maltreatment will be associated with impaired cognitive control, especially under emotional conditions, and that this finding, together with adult social attachment and concurrent psychiatric symptoms, will mediate the effects of childhood maltreatment on parental efficacy and satisfaction.

Title:	<b>T2D2 Dissemination Conference</b>
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	
Source of Support:	SAMHSA
Approved/Proposed Dates:	04/01/2009-03/31/2010
Total Costs:	\$40,000

This knowledge dissemination conference proposal centers on the role of targeting and tailoring in designing health interventions to help people experiencing depression talk to their primary care physicians about treatment. The goal of the conference is to show participants: 1) how targeting and tailoring are commonly used, 2) how to design interventions for a particular audience using novel data sources, and 3) how to anticipate possible barriers to implementation. The foundation for these discussions is based on preliminary studies conducted in a National Institute of Mental Health-sponsored R01 titled, “Targeted and Tailored Messages to Enhance Depression Care” (R. Kravitz, PI). In 2010, production will be complete on a targeting intervention (series of public service announcements) and a tailoring intervention (interactive multi-media computer program); both are designed to help people experiencing symptoms of depression have fruitful discussions with their primary care physicians about seeking the treatment that is right for them. By sharing our experiences with a wide range of policy makers, patient advocates, mental health practitioners, clinic administrators, consumers, and physicians, we hope to accomplish the following objectives:

1. Introduce the use of educational tools to hard-to-reach or underserved populations (Hispanics, African-Americans, men) who may experience the barriers of stigma or limited health care access when seeking help for depression;
2. Present the concepts of tailoring and targeting to develop tools that encourage people to seek care;
3. Describe different approaches to audience analysis using research methods such as focus groups, survey research using computer-assisted telephone interviewing as well as Internet-based surveys, and conjoint analysis; and
4. Showcase prototypes of the PSAs and interactive multi-media computer program that we will be using in a randomized controlled trial.

Mental health stakeholders, combined with members of our research team, will provide the core for the conference planning committee. Members of the planning committee will meet monthly by conference call during the 11 months prior to the conference; during these planning conference calls, committee members will be asked to make recommendations regarding invitation lists, meeting content, meeting evaluation, and dissemination of conference products. The desired outcome of the conference will be to produce a targeting and tailoring primer and intervention resource directory as an important step toward defining a network of mental health

knowledge experts who can help us disseminate our targeting and tailoring tools into practice following the completion of our effectiveness trial in 2011.

Title:	<b>New Technology for Breast Cancer Screening: Impact on the State Safety Net Program for the underserve</b>
Principal Investigator:	Joy Melnikow, MD, MPH
Grant/Contract Number:	HNN06A
Source of Support:	California Program on Access to Care
Approved/Proposed Dates:	04/01/09-12-31/09
Total Costs:	\$64,745

This project aims to develop an effective methodology to assist efficient allocation of limited resources for a California safety-net health care program. *Every Woman Counts*, a state cancer control program, provides early detection of breast and cervical cancer to uninsured women. We will use tailored, program-specific cost-effectiveness analyses to assist California health policy makers to make decisions about the allocation of program resources regarding the use of digital mammography for breast cancer screening. Digital mammography, a new breast cancer screening technology, is diffusing rapidly and may replace film mammography in some areas of California. The diagnostic accuracy of digital mammography is no better than film mammography overall, but it is more sensitive for detecting cancers in women under age 50, with a cost to EWC nearly twice that of conventional film mammography. We will use cost-effectiveness analysis (CEA) to identify the mammography policy options that will detect the greatest number of breast cancers in the EWC population, taking into consideration EWC's fixed budget, the need for broad geographic access to care, and the age distribution of women served. We will construct a model specifically tailored to EWC program characteristics, resources, and circumstances to project outcomes and costs stemming from alternative mammography program policy choices. A multistage Markov model with annual cycles, taking the perspective of the EWC program, will be constructed in TreeAge Pro. Findings and policy recommendations resulting from this study will be immediately applicable to guide program-specific policies related to the EWC program. In addition, this information will be useful for Medi-Cal policy makers, for similar programs in other states, and for national programs. The project will serve as a prototype for future program-specific CEAs in other state safety net programs.

Title:	<b>Development of a Diabetes Self-Management Education Program via Telemedicine for Patients in Rural Underserved Communities in California</b>
Principal Investigator:	James Nuovo, M.D.
Grant/Contract Number:	
Source of Support:	California Medical Board
Approved/Proposed Dates:	05/01/2009-04/30/2012
Total Costs:	\$1,224,257

This proposal is submitted by the Chronic Disease Management Program of the University of California, Davis, Health System (UCDHS) as a response to the intent of AB329 (Nakanishi). Specifically, that Assembly Bill requires the conduct of a pilot program to "develop methods,

using a telemedicine model, of delivering health care to those with chronic diseases and delivering other health information."

The UCDHS Chronic Disease Management Program, in collaboration with the UCDHS Center for Health and Technology, will develop a telemedicine model for the provision of modern diabetes self-management education and training classes for patients with diabetes living in a 33 county area of rural, underserved communities in northern and central California. Classes offered will meet current recommendations of the American Diabetes Association and will be taught by diabetes health educators. In addition, this pilot program will study the impact of offering additional follow-up health coaching to class participants via a toll-free telephone line, internet "blogging" or secure email. Data will be collected on level of patient participation, patient clinical outcomes, patient and provider satisfaction, and project costs in order to evaluate the effectiveness and cost-efficiency of the program. The proposed project will occur over a three year time period to allow for sufficient time to measure project outcomes.

Title:	<b>Indicator Revisions for Present on Admission (POA)</b>
Principal Investigator:	Patrick S Romano, M.D., M.P.H.
Grant/Contract Number:	
Source of Support:	Battelle Memorial Institute/AHRQ
Approved/Proposed Dates:	11/01/2009-12/31/2010
Total Costs:	\$560,036

Task 1. Measure Refinement - The objective of this task is to modify the specifications of the current indicators and the logic of the AHRQ Comorbidity software to fully incorporate the Present on Admission (POA) data element.

Task 2. Support Validation Efforts - The objective of this task is to inform the indicator refinements described in Task 1 through the support of ongoing validation efforts.

Task 3. Contract Management - The objective of this task is to provide effective and efficient management of tasks included in the scope of work.

Title:	<b>Adverse Events Reporting</b>
Principal Investigator:	Patrick S Romano, M.D., M.P.H.
Grant/Contract Number:	09-11544
Source of Support:	California Department of Public Health
Approved/Proposed Dates:	01/01/2010-12/31/2010
Total Costs:	\$147,211

The Regents of the University of California, Davis, will provide two phases of consultative and analytical services in support of the Licensing and Certification Division's publishing of an annual report regarding several aspects of adverse events reporting in California

Title:	<b>Nurse to Patient Ratios</b>
Principal Investigator:	Patrick S Romano, M.D., M.P.H.
Grant/Contract Number:	09-11543
Source of Support:	California Department of Public Health
Approved/Proposed Dates:	01/01/2010-06/30/2011
Total Costs:	\$538,663

Assembly Bill 394 requires CDPH to adopt regulations that establish minimum nurse-to-patient ratios within Acute Care General, Specialty, and Psychiatric hospitals. To develop these regulations, CDPH is having the UC conducted a baseline study about nurse staffing patterns in California and adopted nurse-to-patient ratios for the health care facilities specified in AB 394.

Title:	<b>Projected Heat Wave Magnitudes and Public Health Impacts</b>
Principal Investigator:	Helene G. Margolis, Ph.D., M.A.
Grant/Contract Number:	RC1ES019073
Source of Support:	National Institute of Environmental Health Sciences
Approved/Proposed Dates:	9/30/09-6/30/11
Total Costs:	\$996,394

Background: Virtually all heat-related morbidity/mortality (HRMM) is preventable, yet extreme heat events (EHE) remain the leading cause of weather-related deaths in the United States. There is strong scientific evidence that global warming will lead to EHE that occur with increased frequency, intensity, and altered meteorological profiles (e.g., more humid with higher nighttime temperatures). The 2006 EHE in California that led to >600 deaths and >16,000 excess emergency department visits, highlights the urgent need to enhance heat warning systems and vulnerable population protection, under current and future climatic conditions. Goals: Develop the analytic framework to: (1) advance knowledge of the relations between HRMM and ambient heat, in particular EHE with different meteorologically-defined profiles, and the underlying determinants of risk; and (2) to translate that information into public health policy guidelines that reflect current climatological conditions, and conditions that are projected to exist under different climate models and scenarios. Objective 1: Conduct retrospective analyses of relations among patterns of morbidity and mortality in relation to past/present climate/meteorological conditions (1990-2009), with focus on identifying empirically-defined climate zones/subregions and determinants of vulnerability. Objective 2: Based on projected shifts in climate/meteorology and using the results from the retrospective-analyses-determined patterns of risk for heat-related morbidity and mortality— estimate future risk across the State, with focus on providing projections relevant to location-based and population-based interventions at three geographic scales (Regional, Subregional, Local). Approach: The overall analytic strategy is to conduct a series of quantitative evaluations at different geographical/spatial scales using measured and modeled meteorological data, and readily available secondary morbidity/mortality data (emergency department visits, hospitalizations, and vital statistics death certificate data) and risk factor data (e.g., health status/co-morbidities, demographics, social/behavioral factors, and land surface and built environment characteristics). To integrate this information we will develop a Multi-Determinant Model and Integrated Assessment framework. The study capitalizes on the infrastructure of the CDC sponsored California Environmental Health Tracking Program (EHTP) sponsored by the Centers for Disease Control and Prevention, and Scripps Institution of

Oceanography, Climate, Atmospheric Science and Physical Oceanography programs. Expected Results: An analytic framework will be established to assess past and future climatological influences on HRMM in California. Information derived from this framework will be translated to enhance heat warning systems and develop strategies to reduce community, population and individual vulnerability – with relevance to millions of California residents, and potentially many other U.S. populations. The models can be used to assess efficacy of heat warning systems and interventions and other adaptation strategies, and of climate change mitigation strategies.

**E. Education and Training Activities**

**Annual Conference**

On June 18, 2010, the Center held its annual conference at the School of Medicine Education building in Sacramento. The conference this year focused on Comparative Effectiveness Research, and featured keynote addresses from Helena Kraemer, PhD, a professor emeritus of biostatistics from Stanford University; Mark Helfand, MD, MPH, Director of the Oregon Evidence-based Practice Center; and Eric S. Johnson, PhD, of Kaiser Permanente.

The conference was well attended and well received. Over 85 individuals participated in the event, which also included two breakout sessions, one on the use of EMR in comparative effectiveness research, hosted by former PCOR fellow Este Geraghty, MD, and the other on Comparative Effectiveness and Health Policy, led by Center Director Melnikow.

A pilot grant program for research in the area of Comparative Effectiveness was announced at the end of this conference. In all, two CER pilot grant calls were made during FY 2009-2010. As a result of these calls, three awards were announced in during this fiscal year (see table below), and the other set of awards will be announced during the following year.

<b>Principal Investigator</b>	<b>Pilot Project title</b>
Julie Schweitzer, Ph.D.	A comparison between parent training and computerized cognitive training on academic readiness skills and parent-child relationships in ADHD.
Richard H. White, M.D., M.P.H.	Comparative effectiveness of anticoagulant prophylaxis in obese versus non-obese patients undergoing total knee replacement surgery: a collaborative study with the university health system consortium
James Holmes, M.D., M.P.H.	Variability of intensive care unit resource utilization in adult patients with traumatic brain injury

**Seminar Series**

CHPR sponsors a weekly seminar series for all interested faculty, staff and students. The goal of the weekly Seminars is to enhance the intellectual environment for health services research at UC Davis and to help faculty and trainees develop the skills to conduct first-class health services

research projects. In addition, CHPR broadcasts occasional Seminars to the Davis campus via teleconference. Continuing Medical Education credit is available to practicing physicians for most sessions; graduate students in Epidemiology can earn 1 unit of course credit for each quarter of regular attendance.

During fiscal year 2009-2010 speakers were solicited to participate in a special “Healthcare Reform Series.” This series included important talks by CHPR members Paul Leigh and Richard Pan, and numerous outside guests. The talks in this series are listed in the table below.

<b>Presenter</b>	<b>Department/Organization</b>	<b>Presentation</b>	<b>Date</b>
Paul Leigh, PhD	Center for Healthcare Policy and Research	Single Payer: A (somewhat) critical review of internet slides	7/23/2009
Richard Pan, MD	Pediatrics	How the AMA Develops Policy	7/30/2009
Michelle Mello, JD, PhD	Department of Health Policy and Management Harvard School of Public Health	Defensive Medicine and the Role of Liability Reform in Bending the Health	9/10/2009
John Troidl, PhD	Health Services and Policy Analysis	Money Driven Medicine: A Documentary Film	12/10/2009
Susan Foote, JD, Prof Emerita Former Senator Dave Durenberger	University of Minnesota	Good Policy, Bad Politics: Health Reform in 2010	2/18/2010
Paul Leigh, PhD	Center for Healthcare Policy and Research	A Conversation About the Obama Plan	3/11/2010
Malay Mridha, MD	Public Health Sciences Division of ICDDR,B	WHO Health Indicators: Where the USA Stands	3/18/2010
Paul Leigh, PhD	Center for Healthcare Policy and Research	The Soaring Cost of Healthcare	5/06/2010
Steven Schroeder, MD	UCSF Department of Medicine	Why did health care reform come so hard? Is it over, or is there more to come?	5/27/2010

Appendix 6 provides titles of the entire Seminar Series from visiting presenters and UCD faculty and staff presenters for 2009-2010.

### **Journal Club**

CHPR’s semi-weekly Journal Club is co-hosted by the Clinical and Translational Science Center. The journal club primarily targets junior faculty and fellows using guided discussion of

recent articles in the health services research literature to illustrate important methodological or policy principles. A list of Journal Club articles for 2009-2010 may be found in Appendix 4.

### **Primary Care Outcomes Research Fellowship Program (PCOR)**

The mission of PCOR is to prepare primary care physicians for careers as outstanding clinical investigators and primary care educators, especially in California's underserved communities. With start-up funds from the Dean of the SOM and participation from the Departments of Internal Medicine, Family Medicine, and Pediatrics, CHPR launched this unique, interdisciplinary research training fellowship in July 2002 and received a three-year federal award in 2003. A second award for 3 years from HRSA supports PCOR from 2008 through 2012. The PCOR program continues to flourish through additional support and internal development. Through training in the clinical, statistical, and social sciences, PCOR fellows will make scholarly contributions in clinical epidemiology, health services research, and health policy, addressing issues of access, quality, efficiency and equity. Ultimately the goal is to have graduating fellows educate the next generation of primary care physicians and serve as role models and advocates in caring for culturally diverse, underserved populations as well as leaders in academic medicine and government. PCOR Fellows' affiliate departments and research interests as well as PCOR training seminar classes for 2009- 2010 are provided in **Appendix 5** and **Appendix 6**, respectively.

### **Academic Instruction**

CHPR faculty have cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology (Kravitz, Paterniti, Romano), sociology (Paterniti), Chicana/o Studies (Melnikow) and health administration (Leigh), as well as provide mentoring and serve on dissertation committees. A list of graduate students and undergraduates who have participated as interns or research assistants on CHPR projects during 2009-2010 is documented in **Appendix 7**.

### **F. Publications**

**Appendix 8** represents the scope of our faculty's publications in health services research. They demonstrate the multidisciplinary nature of our faculty and their research with representative publications from a diverse range of expertise.

### **G. Translational Research**

The CHPR, under the leadership of Dr. Melnikow, continues to be involved in translational research and to reach out to expand collaborative activities with the UC Davis Clinical and Translational Science Center. An administrative supplement proposal was submitted by the CTSC and Dr. Berglund in June 2010 to support funding for a Comparative Effectiveness Research Methods Course to be directed by Dr. Melnikow.



## II. Summary of Progress and Future Plans

### Health Policy Team

CHPR continues to develop its Health Policy Unit which has increased CHPR's visibility in policy-related activities, particularly within the state government. Multiple contracts/grants were executed in FY 2009-2010 including an analysis for the Office of Statewide Health Planning and Development on states' efforts to report cardiac revascularization outcomes as well as a cost-effectiveness analysis of mammography services that are supported by the California Cancer Detection Service's *Every Woman Counts* program. CHPR also produced a decision guide on selecting quality measures on behalf of the U.S. Agency for Healthcare Research and Quality.

CHPR staff contributed one medical effectiveness and two public health analyses to the California Health Benefits Reporting Program during this fiscal year. This program, administered through the UCOP, responds to research requests from the California legislature about mandated health benefits bills. CHPR's role in this program will expand greatly during FY 2010-2011 when staff will assume the role of lead Public Health team. CHPR anticipates producing between 8-12 analyses during spring 2011, which requires hiring additional staff.

The Center welcomed new member Helene Margolis, whose work in the area of climate change was brought to the Center. Additionally, PCOR fellow Christopher Moreland completed an analysis of cultural and linguistic services within HMOs for the Office of the Patient Advocate.

Future initiatives include further development of CHPR's capacity to perform high quality, rapid turn-around, policy-relevant research for clients concerned with health care issues at the state and national levels, and continuing to attract and maintain a growing portfolio of state-sponsored grants and contracts that could lead to one or more long-term agreements.

### Proposed Initiatives

In the Center's five-year plan, two sets of new initiatives were proposed. They were aimed at achieving two of CHPR's strategic goals established during CHPR's Strategic Planning Retreat on January 8, 2003. These strategic goals are: 1. to engage additional social, behavioral, and managerial scientists in health services research, and 2. to integrate CHPR's programs more effectively with the strategic plan of the UC Davis Health System.

#### Progress on Strategic Goal 1: Engage additional social, behavioral, and managerial scientists in health services research.

*Collaboration with campus social science faculty:* The performance of high-quality health services research depends on involvement of multiple disciplines, including the clinical, statistical, and social sciences. CHPR has been extremely successful in fostering interaction among faculty *within* the School of Medicine, but we lack a solid history of involvement with social scientists from the UC Davis campus. Under CHPR auspices, SOM faculties have enjoyed highly productive interactions with faculty from the departments of Communication, Economics, and Graduate School of Management, among others. Yet, more needs to be done to alleviate bottlenecks, obstacles, and disincentives that currently dissuade campus faculty from participating in collaborative ventures with CHPR. We continue to seek the talent of faculty from the social sciences and humanities on the UC Davis campus. Faculty in political science,

statistics, and sociology have been identified and targeted for potential Center membership and participation in Center-related grants and affairs. Identification of specific incentives for faculty participation is necessary.

*Collaborative Research Scholar Initiative.* To facilitate collaboration between clinicians, Davis-based scientists, and international scholars, the CHPR is committed to providing opportunities to collaborators, scholars and researchers from California and around the globe. To that end, we have been joined by a Graduate Student Researcher from Oxford University, Zhuo Yang, whose area of focus is in statistical modeling applicable to Comparative Effectiveness Research.

### Progress on Strategic Goal 2: More effectively integrate CHPR's programs with relevant University strategic plans.

*Establish a Program in Health Communication within CHPR.* UCD has a strong core of faculty interested in health communication, including CHPR members Drs. Kravitz, Melnikow, Meyers, Bell, Paterniti, Callahan, Bertakis, Jerant, Alcalay, García, and Wilkes. Diana Cassady, PhD, directs the Social Marketing in Nutrition Program through the Department of Epidemiology and Preventive Medicine. These faculty are doing cutting-edge work in cancer communication, patient-centered care, social marketing, and media outreach. At this time, initiatives to establish a Health Communication Program, as described in the 2003-2004 five-year report, have not been fully developed. However, acknowledgement of the number of faculty with an interest in communication has not only led to further collaboration on projects and grant proposals emphasizing improved communication and literacy as outcomes but also a heightened awareness of faculty expertise and strength in this area. Future Center initiatives will continue to consider the development of a Health Communication Program as resources allow.

### **III. Financial Reporting**

The Center transitioned administrative management from the School of Medicine, Department of Internal Medicine, to an Organized Research Unit (ORU) under the Office of Vice Chancellor for Research (OVCR) in 2003-2004. This transition, deemed critical in sustaining the long-term success of the Center, allowed direct management of the Center's fiscal and personnel resources. Center administration has developed an infrastructure that allows the Director to manage the Center's administrative functions and support multidisciplinary research in an efficient and cost-effective manner by allowing sponsored research by investigators from varied schools and departments.

For efficiency, organizational charts, slips to track employee funding, and flow sheets describing work processes, including pre and post award grant tasks and responsibilities, have helped to make the work flow more transparent to Center-affiliated staff, PIs, and stake holders.

For Fiscal Year 2009-2010 Center expenditures were \$1,887,623 from research funds and \$327,354 from core funds. Seventeen new proposals were submitted seeking funding of \$14,183,985. At the time of this report, seven proposals submitted for the CHPR during the reporting period have been approved for funding, totaling \$2,129,065.

In 2010-2011, we project expenditures of \$3,218,966 in research funds and \$493,554 in core funds.

## Accomplishments and Challenges

As the Center enters its eleventh year as an officially-designated Organized Research Unit, it is fitting to reflect on several important accomplishments as well as several ongoing challenges.

Over the past ten years, the Center has:

- Facilitated a dramatic increase in funded health services research activity. This upswing in activity has occurred along several dimensions, including total research funding, federal funding, number of funded investigators, number and size of proposals submitted, and number of peer-reviewed publications. In fiscal year 1998-1999, the Center submitted 19 grant proposals requesting \$8,642,508--eleven to extramural agencies and eight for intramural funding opportunities resulting in four funded proposals totaling \$1,034,408. During fiscal year 2009-2010, seventeen new proposals were submitted seeking funding of \$14,183,985. At the time of this report, seven proposals submitted for the CHPR during the reporting period have been approved for funding, totaling ~\$2,129,065.
- Supported the career development of junior faculty through mentorship, seminars, journal clubs, assistance with research proposal development, mini-grant funding, and analytic assistance. Most beneficiaries (e.g., Fancher, Fong, Garcia, Geraghty, Hilty, Hodge, Hogarth, Jerant, Keenan, Marcin, Nuovo, Pan, Paterniti, Popova, Srinivasan, Yasmeen) have appointments in the School of Medicine.
- Created a unique, interdisciplinary research training program (the PCOR Fellowship). With start-up funds from the Dean of the SOM and participation from the Departments of Medicine, Family Medicine, and Pediatrics, the Center launched the fellowship in July 2002 and received a three-year federal award in 2003. This award was renewed for another three years during the last reporting period, and several new fellowship tracks have been developed and added to the program since its inception. Two new fellows were recruited into the program during the past fiscal year, and a strong recruitment effort continues. A number of graduating fellows have since accepted faculty positions at UC Davis.
- Recruited a talented and dedicated staff of approximately 40 administrators, analysts, nurses, and research assistants who are available to help faculty conduct research and further the Center's mission. Several senior staff members have progressed to the point where they are PIs on their own grants. Additionally, several junior and senior staff members are actively pursuing undergraduate and graduate degrees (Master and Doctoral level) at UC Davis, California State University, and Los Rios Community College.
- Contributed to the development of new Health System faculty (Tonya Fancher and Estella Geraghty in Internal Medicine; Ronald Fong in Family & Community Medicine).
- Been involved with the recruitment of prestigious faculty in other departments, such as Lars Ellison in Urology, and continued participation in recruitment of faculty to the Program in Vascular Health and Disease.

- Led internal initiatives to create a practice-based research network (PC-AWARE) and a research program in patient safety (CROPS).
- Cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology and research (Kravitz, Romano, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl).
- Consulted with UCD Health System, campus, and UCOP administrators on issues related to the Center's expertise, including chronic disease management, program evaluation, health benefits mandates, implementation of the electronic medical record, residency training, and faculty development.
- Collaborated successfully with other UC campuses on the California Health Benefits Review Program, resulting in a greatly expanded role as the lead campus for Public Health analysis in the upcoming academic year.
- Developed the Health Policy Team, which has increased CHPR's visibility within the state government, and begun to attract a growing portfolio of state-sponsored grants and contracts.
- Attracted several high-profile speakers to present at our Health Services Research Seminar, including the former Iranian Deputy Minister for Education and Technology, Hossein Malekafzali, who is also the winner of the United Nations Population Prize for 2007; Stanton A. Glantz, tobacco policy expert, who gave a special summer update on state and national tobacco control policy to our group, Michelle Mello, an expert on Health Policy law, and Susan Foote and Sen. Dave Durenberger, experts on health reform.
- Continued to sponsor annual conferences on a variety of topics of interest to our faculty and the greater research community.
- Added a concentrated focus on Comparative Effectiveness Research (CER) with the promotion of Joy Melnikow to the Center's directorship.

Notwithstanding our pride in these accomplishments, the Center continues to face several challenges:

- We have been more successful in engaging the interest and participation of faculty in the School of Medicine than other Schools and Colleges. In fact, the vast majority of Center-based grants have been led by SOM faculty. Many campus-based faculty (including Bell, Azari, Polonik, Drake, Helms, Cameron, Palmer, and Robins) have been enthusiastic collaborators. In addition, the Center has continued to develop internal strengths in the social sciences through recruitment of Drs. Leigh and Paterniti and through collaboration with social scientists Callahan and Gibson and statisticians Beckett and Harvey. The Center will continue to develop its own contingent of applied social and statistical sciences, but *we will also need to find ways to encourage campus-based faculty to take leadership roles in center-based proposals.*

A second challenge involves becoming an indispensable policy resource to the California State government. The Center has taken great strides in this direction: We have developed the State Health Policy Unit, including interactions with state officials during weekly seminars and the CHPR State Policy conference; Dr. Romano has a longstanding relationship with the Office of Statewide Planning and Development and we are in negotiations with the Office of Statewide Health Planning and Development to identify opportunities for future collaboration. The Center conducted a major study for the Department of Health Services concerning nurse staffing ratios; we have worked with the Department of Managed Care and the Office of the Patient Advocate on several smaller projects and are currently finalizing negotiations for an expanded role in the California Health Benefits Review Program. Nevertheless, *the Center needs to identify additional sources of flexible funding that can be used to recruit and temporarily support master's- and PhD-level applied scientists who are interested in state health policy work.*

Overall, the 2009-2010 fiscal year was a productive year during which the CHPR continued to further its mission to educate and inform policy and facilitate important research. This year's conference on Comparative Effectiveness Research serves as the foundation for an accelerated effort to provide education and opportunities in this area to both Center members and the broader research community. In the next year we anticipate creation of an online training course to instruct researchers who wish to pursue comparative effectiveness projects, as well as the continued provision of information about opportunities in this area as they become available, and additional pilot grant awards.

We also anticipate an expansion of the work of the Health Policy Team. In the coming year, the Center will be taking over the lead analysis role for the California Health Benefits Review Program (CHBRP) and, at this writing, we are working to develop a program with the Office of Statewide Health Planning and Development (OSHPD) which will focus on creation of reports for public access, on a variety of relevant healthcare topics.

Additionally, we continue to provide important training to junior primary care physicians who seek to develop a research focus through our Primary Care Outcomes Research (PCOR) fellowship. The PCOR fellowship functions under the continued direction of Patrick S. Romano. During this fiscal year we added a recruitment director, Estella Geraghty, M.D., M.P.H, to the PCOR team, and have identified several promising future applicants through an increased focus on outreach. Our Seminar Serious continues to be an important venue for a variety of presentations on subject relevant to our membership and the greater research community.

Finally, our revamped website and newsletter have helped to polish the Center's image and create a much more attractive web presence. Frequent updates to our news page bring new traffic to the site. We seek to continue to increase the use of new media for outreach and promotion.

## APPENDIX 1

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### UC Davis Center for Healthcare Policy and Research Membership List Fiscal Year –2009 - 2010

<b>Name</b>	<b>Department</b>
Alcalay, Rina, PhD*	Communication
Anders, Thomas, MD*	Psychiatry
Azari, Rahman, PhD	Statistics
Bair, Aaron, MD	Internal Medicine
Balsbaugh, Thomas A., MD	Family and Community Medicine
Beckett, Laurel, PhD	Epidemiology and Preventive Medicine
Bell, Robert, PhD	Communication
Berglund, Lars, MD, PhD	Clinical and Translational Science Center
Bertakis, Klea, MD, MPH	Family and Community Medicine
Breslau, Joshua PhD, ScD	Internal Medicine
Byrd, Robert, MD, MPH	Pediatrics
Callahan, Edward, PhD	Family and Community Medicine
Cameron, Colin, PhD	Economics
Chantry, Caroline, MD	Pediatrics
Deeb-Sossa, Natalia PhD	Sociology
de la Torre, Adela PhD	Chicano/Chicana Studies
Derlet, Robert, MD	Emergency Medicine
Drake, Christiana, PhD	Statistics
Ducore, Jonathan, MD	Pediatrics
Fancher, Tonya MD, MPH	Internal Medicine
Fenton, Joshua J, MD	Family and Community Medicine
Feng, Bo PhD	Communications
Fernandez y Garcia, Erik MD, MPH	Pediatrics
Franks, Peter, MD	Family and Community Medicine
Garcia, Jorge, MD, MS	General Medicine
Garcia, Lorena, MPH, DrPH	Chicana/o Studies
Halfmann, Drew, PhD	Sociology
Hansen, Robin, MD	Pediatrics
Helms, L. Jay, PhD	Economics
Hilty, Donald M., MD	Psychiatry
Hinton, Ladson, MD	Psychiatry
Hirsch, Calvin, MD	General Medicine
Jerant, Anthony F., MD	Family and Community Medicine
Joye, Nancy, MD*	Pediatrics

<b>Name</b>	<b>Department</b>
Kim, Sunny, PhD	Orthopaedic Surgery
Kravitz, Richard L., MD, MSPH	Internal General Medicine
Krener-Knapp, Penelope K., MD*	Psychiatry and Pediatrics
Kuppermann, Nathan, MD, MPH	Emergency Medicine and Pediatrics
Leigh, J. Paul, PhD	CHSR/PC
Li, Su-Ting, MD	Pediatrics
Li, Zhongmin, PhD	General Medicine
Lo, Ming-cheng PhD	Sociology
Loewy, Erich, MD*	General Medicine - Bioethics
Lowey-Ball, Albert, MS, MA	ALBA, Inc./Economics, Holy Names College
Lyman, Donald, MD, DTPH	California Department of Health Services
Marcin, James, MD, MPH	Pediatrics
Margolis, Helene, PhD, MA	Internal Medicine
McDonald, Craig, MD	Physical Medicine and Rehabilitation
Melnikow, Joy, MD, MPH	Family and Community Medicine
Meyers, Frederick J., MD	Internal Medicine Administration
Müller, Hans-Georg, PhD, MD	Statistics
Nesbitt, Thomas, MD, MPH	Family and Community Medicine
Nishijima, Daniel, MD	Emergency Medicine
Nuovo, James, MD	Family and Community Medicine
Palmer, Donald, PhD	Graduate School of Management
Pan, Richard J.D., MD, MPH	Pediatrics
Park, Jeanny, MD	Pediatrics
Paterniti, Debora, PhD	CHSRPC and Sociology
Raingruber, Bonnie, RN, PhD	Center for Nursing Research
Rainwater, Julie, PhD	General Medicine
Rich, Ben, PhD	General Medicine/Bioethics
Robbins, John, MD, MHS	General Medicine
Rocke, David M., PhD	Graduate School of Management
Romano, Patrick, MD, MPH	General Medicine & Pediatrics
Roussas, George, PhD	Statistics
Ruebner, Boris, MD*	Pathology
Sandrock, Christian, MD, MPH	Internal Medicine
Schenker, Marc, MD, MPH	Epidemiology and Preventive Medicine
Shaikh, Ulfat, MD, MPH	Pediatrics
Sherman, Jeffrey PhD	Psychology
Srinivasan, Malathi, MD	General Medicine
Styne, Dennis, MD	Pediatrics
Tabnak, Farzaneh, PhD	Office of AIDS, Calif. Dept. of Health Services
Tancredi, Daniel J. PhD	Pediatrics

Name	Department
Taylor, Laramie PhD	Communication
Tong, Elisa MD, MA	Internal Medicine
Urquiza, Anthony, PhD	Pediatrics
Utter, Garth MD	Surgery
Utts, Jessica, PhD	Statistics
vonFriederichs-Fitzwater, Marlene, PhD, FAAPP	California State University, Sacramento, Center for Healthcare Communication
Walsh, Donal*	Veterinary Medicine
Wang, Jane-Ling, PhD	Statistics
Ward, Debbie, PhD	School of Nursing
Warden, Nancy, MD	Pediatrics
West, Daniel C., MD	Pediatrics
White, Richard, MD	General Medicine
Wilkes, Michael S., MD, PhD.	Vice Dean, Medical Education
Wisner, David H., MD	Department of Surgery
Wydick, Richard, LLB*	School of Law
Yasmeen, Shagufta, MD, MRCOG	Obstetrics/Gynecology and Internal Medicine
Yellowlees, Peter, MD	Psychiatry and Behavioral Sciences
Young, Heather, PhD, RN, GNP, FAAN	School of Nursing
Zane, Nolan, PhD	Psychology
*Emeriti	



## APPENDIX 2

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### UC Davis Center for Healthcare Policy and Research Board of Advisors Fiscal Year 2009 – 2010

Gary A. Fields, MD  
Medical Director, Sutter Physicians Alliance  
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Len McCandliss  
President, Sierra Health Foundation  
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Jack Rozance, MD  
Physician-in-Chief, Kaiser Permanente  
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Email: jack.rozance@kp.org

Murray N. Ross, PhD  
Director, Health Policy Analysis and Research  
Kaiser Permanente Institute for Health Policy  
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Oakland, CA 94612  
(510) 271-5691  
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Estelle Saltzman  
President, Runyon, Saltzman, & Einhorn  
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Hibbard E. Williams, MD  
Professor and Dean Emeritus Sponsored Programs  
UC Davis School of Medicine  
Davis, CA 95616  
(530) 752-5358  
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## APPENDIX 3

**UC Davis Center for Healthcare Policy and Research  
Summary of Grant Proposals Submitted  
Fiscal Year 2009 – 2010**

PI	DEPARTMENT	PROJECT TITLE	AGENCY	SUBMISSION DATE	AMOUNT REQUESTED	OUTCOME
Breslau	General Medicine	Life Course Consequences of Psychiatric and Substance Abuse Disorders	NIH	6/5/10	\$720,188	Pending
Jerant	Family and Community Medicine	Academic-Community Infrastructure for Situated Learning in Primary Care	NIH	12/11/09	\$1,225,820	Not funded
Jerant	Family and Community Medicine	Physician Training to Support Patient Self-efficacy for Depression Care Behaviors	NIH	6/5/10	\$1,666,099	Pending
Kravitz	Internal Medicine	Administrative Supplement-SIP2	NIH	6/30/10	\$260,972	Funded
Margolis	Internal Medicine	Exploring New Air Pollution and Health Effects Links in Existing Databases	NIH/U of Washington	4/30/10	\$65,500	Pending
Melnikow	Family and Community Medicine	Adjuvant Hormone Therapy for Breast Cancer Decision Making and Adherence	NIH	2/19/10	\$2,461,129	Not funded
Melnikow	Family and Community Medicine	CHBRP Lead for Public Health Analyses	UCOP/CHBRP	5/25/10	\$196,000	Funded

PI	DEPARTMENT	PROJECT TITLE	AGENCY	SUBMISSION DATE	AMOUNT REQUESTED	OUTCOME
Melnikow	Family and Community Medicine	Policy Briefings	OSHPD	5/1/10	\$280,728	Pending
Paterniti	Internal Medicine	The Role of Physicians, Patients and their Interactions on Opiate Misuse	NIH/UCLA	2/1/10	\$145,455	Pending
Romano	Internal Medicine	Battelle Scope of Work 4-6	Battelle Memorial Institute	11/30/2009	\$560,036	Funded
Romano	Internal Medicine	CDPH Adverse Events Reporting	CA Dept. of Public Health	1/5/2010	\$147,211	Funded
Romano	Internal Medicine	CDPH Nurse to Patient Ratios	CA Dept. of Public Health	1/5/2010	\$538,663	Funded
Romano	Internal Medicine	Medicare Payment Policy and Value of Inpatient Nursing	AHRQ/UCSF	2/25/2010	\$337,338	Pending
Romano	Internal Medicine	Variations in Care: Palliative Care for Heart Failure Patients	NIH/UCLA	4/7/2010	\$709,637	Pending
Romano	Internal Medicine	Cincinnati Consortium Center of Excellence in Child Health Quality Measures	NIH/U of Cincinnati	6/30/2010	\$782,067	Pending
Romano	Internal Medicine	Development and validation of Pediatric Quality Measures	NIH/Battelle	6/30/2010	\$1,639,561	Pending
White	Internal Medicine	Enhancing State Registries for Comparative Effectiveness: The TriState Initiative	NIH	3/29/2010	\$2,343,244	Pending

## APPENDIX 4

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**UC Davis Center for Healthcare Policy and Research/  
Clinical Translational Science Center  
Journal Club Articles  
Fiscal Year 2009-2010**

<b>Article Title</b>	<b>Authors</b>
Characterization and transplantation of induced megakaryocytes from hematopoietic stem cells for rapid platelet recovery by a two-step serum-free procedure	Te-Wei Chen, Shiaw-Min Hwang, I-Ming Chu, Shu-Ching Hsu, Tzu-Bou Hsieh, and Chao-Ling Yao
Comparison of Effects of the Bisphosphonate Alendronate Versus the RANKL Inhibitor Denosumab on Murine Fracture Healing	Louis C. Gerstenfeld, Daniel J. Sacks, Megan Pelis, Zachary D. Mason, Dana T. Graves, Mauricio Barrero, Michael S. Ominsky, Paul J. Kostenuik, Elise F. Morgan, and Thomas A. Einhorn
Targeting autophagy potentiates tyrosine kinase inhibitor-induced cell death in Philadelphia chromosome-positive cells, including primary CML stem cells	Cristian Bellodi, Maria Rosa Lidonnici, Ashley Hamilton, G. Vignir Helgason, Angela Rachele Soliera, Mattia Ronchetti, Sara Galavotti, Kenneth W. Young, Tommaso Selmi, Rinat Yacobi, Richard A. Van Etten, Nick Donato, Ann Hunter, David Dinsdale, Elena Tirro, Paolo Vigneri, Pierluigi Nicotera, Martin J. Dyer, Tessa Holyoake, Paolo Salomoni, and bruno Calabretta
Circumscribed Mass Lesions on Mammography: Dynamic Contrast-Enhanced MR Imagin to Differentiate Malignancy and Benignancy	Takashi Okafuji, Hidetake Yabuuchi, Hiroyasu Soeda, Yoshio Matsuo, Takeshi Kamitani, Shuji Sakai, Masamitsu Hatakenaka, Syoji Kuroki, Eriko Tokunaga, Hidetaka Yamamoto, and Hiroshi Honda
Differential Effects of ADAMTS-1, -4, and -5 in the Trabecular Meshwork	Kate E. Keller, John M. Bradley, and Ted S. Acotte
Heme Oxygenase 1 Determines Atherosclerotic Lesion Progression Into a Vulnerable Plaque	Caroline Cheng, Annemarie M. Noordeloos, Viktoria Jeney, Miguel P. Soares, Frans Moll, Gerard pasterkamp, Patrick W. Serruys and Henricus J. Duckers

<b>Article Title</b>	<b>Authors</b>
Exhaled Breath Profiling Enables Discrimination of Chronic Obstructive Pulmonary Disease and Asthma	Niki Fens, Aeilko H. Zwinderman, Marc P. van der Schee, Selma B. de Nijs, Erica Dijkers, Albert C. Roldaan, David Cheung, Elisabeth H. Bel, and Peter J. Sterk
Vaccination with ALVAC and AIDSVAX to Prevent HIV-1 Infection in Thailand	Supachai Rerks-Ngarm, M.D., Punnee Pitisuttihum, M.D., D.T.M.H., Sorachai Nitayaphan, M.D., PH.D., Jaranit Kaewkungwal, Ph.D., Joseph Chiu, M.D., Robert Paris, M.D., Nakorn Prensri, M.D., Chawetsan Namwat, M.D., Mark de Souza, Ph.D., Elizabeth Adams, M.D., Michael Benenson, M.D., Sanjay Gurunathan, M.D., Jim Tartaglia, Ph.D., John G. McNeil, M.D., Donald P. Francis, M.D., D.Sc., Donald Stablein, Ph.D., Deborah L. Birx, M.D., Supamit Chunsuttiwat, M.D., Chirasak Khamboonruang, M.D., Prasert Thongcharoen, M.D., Ph.D., Merlin L. Robb, M.D., Nelson L. Michael, M.D., Ph.D., Prayura Kunasol, M.D., and Jerome H. Kim, M.D., for the MOPH-TAVEG Investigators
Molecular complexity of successive bacterial epidemics deconvoluted by comparative pathogenomics	Stephen B. Beres, Ronan K. Carroll, Patrick R. Shea, Izabela Sitkiewicz, Juan Carlos Martinez-Gutierrez, Donald E. Low, Allison McGeer, Barbara M. Willey, Karen Green, Gregory J. Tyrrell, thomas D. Goldman, Michael Feldgarden, Bruce W. Birren, Yuriy Fofanow, John Boos, William D. Wheaton, Christiane Honisch, and James M. Musser
Supplemental Materials and Methods	
Supplementary Appendix	Rerks-Ngarm et al.
Abnormal Glutamate Receptor Expression in the Medial temporal Lobe in Schizophrenia and Mood Disorders	Monica Beneyto, Lars V. Kristiansen, Akinwunmi Oni-Orisan, Robert E. McCullumsmith and James H. Meador-Woodruff
Noninvasive Discrimination of Rejection in Cardiac Allograft Recipients Using Gene Expression Profiling	M.C. Deng, H.J. Eisen, M.R. Mehra, M. Billingham, C.C. Marboe, G. Berry, J. Kobashigawa, F.L. Johnson, R.C. Starling, S. Murali, D.F. Pauly, H. Baron, J.G. Wohlgemuth, R.N. Woodward, T.M. Klingler, D. Walther, P.G. Lal, S. Rosenberg and S. Hunt for the CARGO Investigators
Supplementary data	He et al.
PIK3CA Mutations Predict Local Recurrences in Rectal Cancer Patients	Youji He, Laura J. Van't Veer, Izabela Mikolajewska-Hanclich, Marie-Louise F. van Velthuysen, Eliane C.M. Zeestraten, Iris D. Nagtegaal, Cornelis J.H. van de Velde, and Corrie A.M. Marijnen
Supporting Information	Minami et al.
Measurement of internal body time by blood metabolomics	Yolchi Minami, Takeya Kasukawa, Yuji Kakazu, Masayuki Iigo, Masahiro Sugimoto, Satsuki Ikeda, Akira Yasui, Gijsbertus T.J. van der Horst, Tomoyoshi Soga, and Hiroki R. Ueda
Large-Volume-Apheresis Facilitates Autologous Transplantation of Hematopoietic Progenitors in Poor Mobilizer Patients	Maria Juliana Majado, Alfredo Minguela, Consuelo Gonzalez-Garcia, Eduardo Salido, Miguel Blanquer, Consuelo Funes, Carmen Luisa Insausti, Ana Maria Garcia-Hernandez, Jose Maria Moraleda, and Alfonso Morales

<b>Article Title</b>	<b>Authors</b>
Analysis of Observational Studies in the Presence of Treatment Selection Bias: Effects of Invasive Cardiac Management on AMI Survival Using Propensity Score and Instrumental Variable Methods	Therese A. Stukel, Ph.D., Elliott S. Fisher, M.D., MPH, David e. Wennberg, M.D., MPH, David A. Alter, M.D., Ph.D., Daniel J. Gottlieb, M.S., Marian J. Vermeulen, MHSc
Surgical Mask vs N95 Respirator for Preventing Influenza Among Health Care Workers: A Randomized Trial	Mark Loeb, M.D., MSc, Nancy Dafoe, RN, James Mahony, PH.D, Michael John, M.D., Alicia Sarabia, M.D., Verne Clavin, M.D., Richard Webby, Ph.D, Marek Smieja, M.D., David J.D. Earn, Ph.D., Sylvia Chong, BSc, Ashley Webb, B.S., Stephen D. Walter, Ph.D
Toward Evidence-Based Medical Statistics. 2: The Bayes Factor	Steven N. Goodman, M.D., Ph.D.
Comparison of Ustekinumab and Etanercept for Moderate-to-Severe Psoriasis	Christopher E.M. Griffiths, M.D., Bruce E. Strober, M.D., Ph.D., Peter van de Kerkhof, M.D., Vincent Ho, M.D., Roseanne Fidelus-Gort, Ph.D., Newman Yeilding, M.D., Cynthia Guzzo, M.D., Yichuan Xia, Ph.D, Bei Zhou, Ph.D., Shu Li, M.S., Lisa T. Dooley, Dr. P.H., Neil H. Goldstein, M.D., and Alan Menter, M.D., for the ACCEPT Study Group
Immediate computed tomography or admission for observation after mild head injury: cost comparison in randomised controlled trial	Anders Norlund, Lars-Ake Marke, Jean-Luc af Geijerstam, Sven Oredsson, Mona Britton and OCTOPUS Study
Toward Evidence-Based Medical Statistics. 1: The P Value Fallacy	Steven N. Goodman, M.D., Ph.D.
Preventing Surgical-Site Infections in Nasal Carriers of Staphylococcus aureus	Lonneke G.M. Bode, M.D., Jan A.J.W. Kluytmans, M.D., Ph.D., Heiman F.L. Wertheim, M.D., Ph.D., Diana Bogaers, I.C.P., Christina M.J.E. Vandenbroucke-Grauls, M.D., Ph.D., Robert Roosendaal, Ph.D., Annet Troelstra, M.D., Ph.D., Adrienne T.A. Box, B.A. Sc., Andreas Voss, M.D., Ph.D., Ingeborg van der Tweel, Ph.D., Alex van Belkum, Ph.D., Henri A. Verbrugh, M.D., Ph.D., and Margreet C. Vos, M.D., Ph.D
Stroke Presentation and Hospital Management: comparison of neighboring healthcare systems with differing health policies	Vivienne L.S. Crawford, Ph.D, John g. Dinsmore, BSc, robert W. Stout, DSc, Claire Donnellan, Ph.D, Desmond O'Neill, M.D., hannah McGee, Ph.D
The Value of Serum Procalcitonin Level for Differentiation of Infectious from Noninfectious Causes of Fever After Orthopaedic Surgery	Sabina Hunziker, Thomas Hugle, Katrin Schuchardt, Isabelle Groeschi, Philipp Schuetz,, Beat Mueller, Walter Dick, Urs Eriksson and Andrej Trampuz

Article Title	Authors
Cognitive and Psychiatric Predictors to Psychosis in Velocardiofacial Syndrome: A 3-year Follow-Up Study	Kevin M. Antshel, Ph.D, Robert Shprintzen, Ph.D, Wanda Fremont, M.D., Anne Marie Higgins, N.P., Stephen V. Faraone, Ph.D., Wendy R. Kates, Ph.D
Association between passive jobs and low levels of leisure-time physical activity: the Whitehall II cohort study	D. Gimeno, M. Elovainio, M. Jokela, et al
Static Knee Alignment Measurements among Caucasians and African Americans: The Johnston County Osteoarthritis Project	Amanda E. Nelson, Larissa Braga, Andresa braga-Baiak, Julius Atashili, Todd A. Schwartz, Jordan B. Renner, Charles G. Helmick, and Joanne M. Jordan

## APPENDIX 5

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**UC Davis Center for Healthcare Policy and Research  
Primary Care Outcomes Research Program (PCOR) Fellows  
Fiscal Year 2009-2010**

<b>Name</b>	<b>Affiliated Department</b>	<b>Year of Matriculation</b>
Christopher Moreland, MD	Internal Medicine	2010
Jeanette Barrong, O.D.	Family and Community Medicine	2011
Nicholas Sikic, M.D.	Pediatrics	2011



## APPENDIX 6

UC Davis Center for Healthcare Policy and Research  
PCOR Seminar Series  
Fiscal Year 2009-2010

\* Speaker from outside UC Davis

<b>Presenter</b>	<b>Deptment/Org</b>	<b>Presentation</b>	<b>Date</b>
*Daixin Yin, Research Scientist	California Cancer Registry Public Health Institute CA Dept of Public Health	Using the Accuracy of Cancer Mortality Study to Evaluate Survival Outcomes for Colon and Rectal Cancer in California	7/09/2009
Jon G. Caldwell, MD	Psychiatry and Behavioral Sciences	Exploring Pathways between Childhood Maltreatment and Parenting in at-risk mothers	7/16/2009
Paul Leigh, PhD	Center for Healthcare Policy and Research	Single Payer: A (somewhat) critical review of internet slides	7/23/2009
Richard Pan, MD	Pediatrics	How the AMA Develops Policy	7/30/2009
*Michelle Mello, JD, PhD	Department of Health Policy and Management Harvard School of Public Health	Defensive Medicine and the Role of Liability Reform in Bending the Health	9/10/2009
Patrick Romano, MD, MPH	General Medicine	Impact of Public Reporting of CABG Hospital Mortality Data in California	9/17/2009
<b>Presenter</b>	<b>Department</b>	<b>Presentation</b>	<b>Date</b>

Christiana Drake, PhD	Family and Community Medicine	Project Talent and How to Deal with Non-ignorable Non-response	9/24/2009
Bo Feng, PhD	Communication	What Should Doctors Say When Giving prescriptions: <i>The use of persuasive strategies in medical recommendations</i>	10/01/2009
Peter Franks, MD, MPH	Family and Community Medicine	Incorporating SES into Coronary Heart Disease Risk Stratification: A Practical	10/08/2009
Natalia Deeb-Sossa, PhD	Sociology	Migrant Agricultural Workers' Mental Health Needs and Barriers to Care: A Pilot Study	10/15/2009
*Cathleen Ferraro	Planned Parenthood Mon Marte	Your Local Planned Parenthood: More Services Than You Know	10/22/2009
Caroline Chantry, MD Sera Young, MA, PhD	Pediatrics	Planning a Clinical Trial of Flash-heated Breast Milk to Decrease Morbidity	10/29/2009
Ulfat Shaikh, MD	Pediatrics	Validation of a Parent exit Interview Survey to Asses Physician Counseling	11/05/2009
Thomas Semrad, MD	Hematology/Oncology	Geographic Variation of Racial Disparities in Colorectal Cancer Screening	11/12/2009
<b>Presenter</b>	<b>Department</b>	<b>Presentation</b>	<b>Date</b>
Charles Stephenson, MD	Western Human Nutrition Research Center	Validating Methods for Assessing Vitamin D Status in Different Ancestry Groups	11/19/2009

Nicole Bloser-Gabler, MHA, MPH	Epidemiology	Evidence-based Treatment for Individuals: Role of Subgroup Analysis and N-of-1 Trials	12/03/2009
John Troidl, PhD	Health Services and Policy Analysis	Money Driven Medicine: A Documentary Film	12/10/2009
Daniel Nishijima, MD	Emergency Medicine	Resource Utilization in ICU Triage	1/07/2010
*David Carlisle, MD, MPH *Mary Tran, PhD, MPH, RN	California Office of Statewide Health Planning and Development	MRSA Infections in California Hospital Patients 1999-2007	1/14/2010
Robert Derlet, MD	Emergency Medicine	Threats to Drinking Water	1/21/2010
*Rachel Anderson	Yolo County Public Health	Yolo County Syringe Exchange Program	1/28/2010
Linda Ziegahn, PhD Barlow Schuyler, MPH Glen Xiong, MD	Center for Reducing Health Disparities	Learning About Mental Health from Communities: A Community-UCDHS Partnership	2/04/2010
<b>Presenter</b>	<b>Department</b>	<b>Presentation</b>	<b>Date</b>
Richard White, MD Sunny Kim, PhD John Meehan, MD	General Medicine Orthopedic Surgery	Which is Safer: Bilateral Simultaneous Knee Replacement, or 2-stage Serial knee Replacement A Retrospective Analysis	2/11/2010
*Susan Foote, JD, Prof Emerita Former Senator *Dave Durenberger	University of Minnesota	Good Policy, Bad Politics: Health Reform in 2010	2/18/2010

*Yael Schenker, MD	UC San Francisco Department of Medicine	Doctor-Patient Communication and the Effects of Linguistic and Cultural Differences	2/25/2010
Paul Leigh, PhD	Center for Healthcare Policy and Research	A Conversation About the Obama Plan	3/11/2010
Malay Mridha, MD	Public Health Sciences Division of ICDDR,B	WHO Health Indicators: Where the USA Stands	3/18/2010
*Mary Tran, PhD, MPH, RN	California Office of Statewide Health Planning and Development	Hospital Readmissions: Measuring Readmission Rates and	4/01/2010
Shagufta Yasmeen, MD	Obstetrics and Gynecology	Primary Care Physicians Beliefs and Practices Regarding Mammography Screening f	4/08/2010
Ben Rich, JD, PhD	Bioethics	Palliative Options of Last Resort: Developments and Trends in Law and Policy	4/15/2010
<b>Presenter</b>	<b>Department</b>	<b>Presentation</b>	<b>Date</b>
*David Carlisle, MD, MPH	California Office of Statewide Health Planning and Development	Hospital Seismic Safety Compliance	4/29/2010
Paul Leigh, PhD	Center for Healthcare Policy and Research	The Soaring Cost of Healthcare	5/06/2010
*Cyllene Morris, DVM, PhD	California Cancer Registry Public Health Institute CA Dept of Public Health	Increase in the use of Double Mastectomies	5/13/2010

Joshua Fenton, MD	UCD Family and Community Medicine	Characterizing Effective Counseling for Colorectal Cancer Screening	5/20/2010
*Steven Schroeder, MD	UCSF Department of Medicine	Why did health care reform come so hard? Is it over, or is there more to come?	5/27/2010
*David Bass	Office of HIPAA Compliance	Government Health Care Evolution: The California Experience with the Medicaid Info	6/03/2010
Christopher Moreland, MD, MPH	Primary Outcomes Research Fellow Internal Medicine	PCOR Fellowship: An evolving path	6/10/2010
Steven Vosti, PhD	Center for Natural Resource Policy Analysis	Preventing Early Childhood Malnutrition in Africa: Social Science Research Objectives, Activities, and Preliminary Results	6/17/2010

## APPENDIX 7

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**UC Davis Center for Healthcare Policy and Research  
Listing of Students Involved in Center Research Projects  
Fiscal Year 2009 – 2010**

### Graduate Students

<b>Student</b>	<b>Project worked on</b>
David Chin	AHRQ and Battelle Quality Health Measurement Tools
Yun (Wendy) Jiang	CPAC
Naomi Saito	CA-Help Migrating Mental Health OPA

### Undergraduate Students

Mario Flores	Colorectal Cancer Screening
Christina Yang	Colorectal Cancer Screening

### High School Students

Abril Leon*	PCOR, Administration
Cecrina Salee*	Battelle AHRQ Quality Healthcare Measurement Tools
Raksarmidy Ty*	Battelle AHRQ Quality Healthcare Measurement Tools

\* Volunteers

## APPENDIX 8

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### UC Davis Center for Healthcare Policy and Research Publication List Fiscal Year 2009 – 2010

ACP Journal Club. Review: Tamoxifen, raloxifene, and tibolone prevent primary invasive breast cancer but increase risk for adverse outcomes. Melnikow J. *Ann Intern Med.* 2010 Mar 16;152(6):JC3-4. No abstract available.

Attributes affecting the medical school primary care experience. Jerant A, Srinivasan M, Bertakis KD, Azari R, Pan RJ, Kravitz RL. *Acad Med.* 2010 Apr;85(4):605-13.

Geographic distribution of autism in California: a retrospective birth cohort analysis. Van Meter KC, Christiansen LE, Delwiche LD, Azari R, Carpenter TE, Hertz-Picciotto I. *Autism Res.* 2010 Feb;3(1):19-29.

Encouraging patients with depressive symptoms to seek care: a mixed methods approach to message development. Bell RA, Paterniti DA, Azari R, Duberstein PR, Epstein RM, Rochlen AB, Johnson MD, Orrange SE, Slee C, Kravitz RL. *Patient Educ Couns.* 2010 Feb;78(2):198-205. Epub 2009 Aug 11.

The influence of gender on the doctor-patient interaction. Bertakis KD. *Patient Educ Couns.* 2009 Sep;76(3):356-60. Epub 2009 Aug 3. Review.

Patient-centered communication in primary care: physician and patient gender and gender concordance. Bertakis KD, Franks P, Epstein RM. *Journal of Women's Health (Larchmt).* 2009 Apr;18(4):539-45.

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