

SECOND ANNUAL REPORT
1995-1996

I. Activities and Accomplishments

A. Introduction

Since its inception in 1994, the UC Davis Center for Health Services Research in Primary Care has generated much excitement within the School of Medicine and throughout the UCD Campus. In this short while, the Center has energized faculty, encouraged collaboration among academic units, and created unexpected synergies. With the support of Dean Gerald Lazarus and Director Frank Loge, and under the leadership of Dr. Klea Bertakis, the Center has just completed its second year of development in which significant milestones were achieved. The Center began the year with a small core staff and 38 newly-appointed faculty members. It had just opened a search process for two additional faculty members, and its faculty research groups were beginning to meet. From this starting point, this second annual report provides more detailed information on the Center's activities and achievements during the past year, as well as a discussion of important issues facing the Center and planned activities for the coming year.

B. Executive Committee

As outlined in the Center's Policy Guidelines, an Executive Committee was established in July 1995 for the purpose of providing operational guidance to the Center, determining allocation of Center resources, reviewing faculty membership, and other functions. During the past year, the Committee met on a monthly basis. Members of the Executive Committee included:

Klea D. Bertakis, M.D., M.P.H. Department of Family Practice	Center Director
Rahman Azari, Ph.D. Division of Statistics	Core Faculty, Asst. Director for Quantitative Methods
Ed Callahan, Ph.D. Department of Family Practice	Coordinator, Clinician Practice Styles Research Group
L. Jay Helms, Ph.D. Department of Economics	Core Faculty, Asst. Director for Health Care Economics
Richard L. Kravitz, M.D., M.S.P.H. Division of General Medicine	Coordinator, Health Care Systems Research and Policy Analysis Group
Craig McDonald, M.D. Department of Physical Medicine	Coordinator, Functional Restoration Research Group

and Rehabilitation

Joy Melnikow, M.D., M.P.H.
Department of Family Practice

Coordinator, Women's and Child Health
Research Group

Thomas S. Nesbitt, M.D., M.P.H.
Department of Family Practice

Coordinator, Rural Health Research Group

John Robbins, M.D., M.S.H.
Division of General Medicine

Member-at-large

Patrick Romano, M.D., M.P.H.
Division of General Medicine

Member-at-large

C. Center Core Faculty and Staff

During the 1995-96 year, Center staff consisted of a full-time Staff Research Associate II (Jill Miller), a part-time administrator and grants development manager (Jane Fox-Garcia) and a part-time administrative assistant I (Christine Harlan). In addition, Dr. Rahman Azari was the Center's part-time core faculty member/statistician. All faculty and staff were available to Center faculty members for assistance in the development of research projects and proposals. Requests for staff assistance for major research proposal development were reviewed by the Executive Committee.

D. Research Program Development

During the 1994-95 planning year for the Center, the Ad Hoc Committee discussed various possible approaches to encouraging greater interdisciplinary collaboration on research projects related to the Center's mission. It was noted that the majority of faculty interests in health services research could be grouped into one of five broadly defined program areas:

- ◆ Clinician Practice Styles
- ◆ Health Care Systems Research and Policy Analysis
- ◆ Women's and Child Health
- ◆ Functional Restoration
- ◆ Rural Health

It was envisioned that faculty would participate in one or more of these five working research groups, meeting regularly to discuss potential research ideas, identify possible funding sources, develop proposals and review and critique proposals and manuscripts. During the first six months of the year, this approach was tried and proved to be only moderately successful. In general, these groups proved to be too large, and in some instances there was only limited overlap of research interests. It was also felt that pressures on faculty time are so great, that the meetings needed to have a more tangible outcome. A more focused approach has emerged. Now when a Center faculty member has a specific research idea or there is a specific research program announcement which he/she wants to pursue, Center staff will help convene meetings

for that faculty member. Information about the meeting is disseminated to all potentially interested faculty with an invitation to attend. This model to encourage greater collaboration in the development of research proposals appears to be working more effectively than our original idea and will be continued.

E. Proposal Development

The development and submission of new research proposals was a major goal for the Center during the past year. With staff support, a total of 12 proposals were developed and submitted to a variety of funding sources, including private foundations (Sierra Health Foundation and Bayer Institute for Health Care Communication), internal support (New Initiatives Reserve Fund, Hibbard E. Williams Research Fund, UCDMC, UCD Committee on Research) and federal programs (NIMH, Agency for Health Care Policy and Research). Attachment #2 provides a summary of these proposals, including funds requested and funding status.

F. Faculty Recruitment

During the past year, the Center initiated a search process for two new full-time faculty positions for the Center. Advertisements were placed in six national journals and newsletters and letters were sent to chairs of departments of family practice, medicine and pediatrics. A strong and varied pool of 29 candidates was screened by the Search Committee with the top six candidates invited to Davis for an interview. Several candidates stood out and two were invited back for a second visit, accompanied by their spouses. As the spouses of both candidates also had strong career interests, we arranged specific interviews and itineraries for them as well. Following these visits, the Search Committee authorized the Search Committee chair to initiate negotiations with the two candidates. Unfortunately, in both cases, while the candidate expressed strong professional interest in a faculty position with the Center, they ultimately turned down the offer due to professional considerations of their spouses. The faculty search will be reopened in the Fall, 1996, and will remain a high priority.

G. Seminar Series

One of the fundamental aims of the UC Davis Center for Health Services Research in Primary Care is to help faculty with an interest in the field to be as creatively productive as possible. As an expression of the Center's commitment to the professional growth of its faculty members, a noontime seminar series was initiated this past year. Center members were invited to present their current research, as was one guest speaker from McMaster University. In addition, the Center faculty applicants gave a presentation on their research. In all, there were 18 noontime presentations sponsored by the Center during the past year.

H. Center Space

The Center moved into beautiful new office space in Suite 2500 of the Patient Support Services Building (PSSB) on the Sacramento campus in June, 1996. The space consists of three faculty offices, work areas for 4-5 research assistants, administrative support space and a small area for a library with work space. At this time, one office is available for faculty members' use on a drop-in basis. The Center currently has three computers, a printer, and a fax

machine on loan from the Department of Family Practice and we are negotiating with the Department of Medicine for additional computers.

I. New Center Leadership

At the end of the year, Dr. Bertakis announced her desire to step down as the Director of the Center, effective July 1, 1996. Since its inception two years ago, Dr. Bertakis has skillfully guided the development of the Center. With the assistance of the Executive Committee, she has positioned the Center to play a critical role in the UC Davis Academic Health System and the University as a whole. The time was right to transition the leadership of the Center to a new Director. Dean Lazarus extended the invitation to Richard L. Kravitz, M.D, M.S.P.H., an Associate Professor in the Department of Medicine and an experienced health services researcher, to serve as the new Center Director. Dr. Kravitz has agreed to accept this leadership position. Discussions with the Department of Medicine administrative staff are underway regarding the transfer of the Center administration to a new Department.

II. Issues

While there are many important tasks that could rightly capture our attention, a number of issues require our focused attention in the near future if the Center is to reach its potential.

A. Administrative Control

In last year's report, we discussed the issue of having the Center maintain administrative control over our research grants. If the Center is to support multidisciplinary research, it must have the ability to allocate funds to its own staff in a timely and responsive fashion and to participating investigators in multiple departments. One of the options open to the Center is to seek designation as an Organized Research Unit (ORU). As a preliminary step, the Center received designation as an Organized Research Project last year. Other options are also being considered which would allow the Center to function effectively in a multidisciplinary setting in the University. At this time, the Center is based administratively in the Department of Family Practice but will be transferred to the Department of Medicine in the coming year.

B. Long Term Administrative Support

Identifying ongoing administrative support for the Center, while a rather mundane problem, is critical to the long-term survival of the Center. While research proposals may include support for research assistants, statisticians, and the like, new restrictions on federal proposals no longer allow funding for administrative support. Likewise, private foundations generally are not interested in providing ongoing support for what is viewed as basically project "overhead." During the coming year, a strategy must be developed to address this basic need.

C. Developing Sources of Competitive Advantage

As UC Davis is not the only institution in the State which has an academic focus on health services research in primary care, we must identify those unique strengths that we have at UC Davis and move to capitalize on them. Three indisputable strengths are:

- ◆ proximity to State government
- ◆ Central valley location and experience with rural health research
- ◆ access to a large network of community-based, primary care physicians (UCD Primary Care Network.)

During the coming years, the Center will attempt capitalize on these resources and strengths, in order to set our own Center apart from those already operating in California.

III. Activities for the Coming Year (1996-1997)

The major activities which are planned for the coming year include:

- ◆ Recruit two new Center faculty members.
- ◆ Continue to develop and submit research proposals.
- ◆ Initiate research activities on funded proposals.
- ◆ Maintain Center activities such as seminar series and research planning groups.
- ◆ Establish Center health services research library and Center newsletter.
- ◆ Pursue stronger relationships with State offices, local private foundations and the UCD Primary Care Network.