



University of California, Davis
Center for Healthcare Policy and Research

Jill Joseph, MD, PhD, MPH
Professor and Director

Debora A. Paterniti, PhD
Assistant Adjunct Professor and Associate Director

University of California Davis
Center for Health Services Research in Primary Care

ANNUAL REPORT
2006-2007

2006 – 2007 Annual Report

The University of California Davis Center for Health Services Research in Primary Care has now completed thirteen years of ongoing growth and development. The Center has developed a solid organizational and research base. Development of research and educational activities has 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 2006-2007 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 welcomed a new leader, Dr. Jill Joseph as the Center Director. She was assisted by Debora Paterniti, PhD (Associate Director), Patrick Romano, MD, MPH (Education and Training Director), and Wilhelmina Cottman (Operations Manager).

Reporting Relationships

Dr. Joseph reported to Dr. Claire Pomeroy, Dean of the School of Medicine, concerning day-to-day administrative affairs. Dr. Joseph continues to report to Vice Chancellor for Research Barry Klein (through Associate Vice Chancellor 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 this short-term solution has created more effective communication among Center staff, it has not solved the long-term issue of acquisition of additional space in response to the Center's continuing growth. We continue to lease additional office and cubicle space at 3823 V Street, Sacramento (Grange I).

The Center's success in grant funding and staffing has promoted its growth and the need for more space. Expectations are that we will continue to add new staff and faculty as we expand our research capability. The Grange is an older building that is somewhat distant from the Center's core constituencies on the Sacramento campus. The additional sites have recreated an earlier problem of lack of consolidation, sometimes hindering efficient project management. During the next few years, Center leadership hopes to work with UCDHS and campus administration to identify a larger, more attractive home that will allow the Center to continue to

fulfill its research and training missions and perhaps occupy its staff in more contiguous space than current arrangements.

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, to the implementation of remote office-access capabilities previously unexplored, to a completely reconstructed website, to the acquisition of state-of-the-art teleconferencing capabilities.

All of the technological developments we have made over the past year have been with our focused intent on the following enhancements: improved interdepartmental as well as public relations, increased data security, maximal processing power, efficient and user-friendly remote access capabilities, separation of individual data from community data and guaranteed up-to-the-minute data backups. Even as new technologies become diffused into and 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 Dan Cotton and his allied School of Medicine IT staff. 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 administrator from within a Windows Active Directory console.

Standard Workstation Configuration

All CHSRPC computers are Microsoft Windows-based and have Microsoft Office (2000, XP or 2003), Windows XP SP 2, Office 2003 SP 1, 512 MB RAM, 40 GB Hard Disk, Intel Pentium D 1 Ghz or higher.

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 CHSRPC Network Resource Administrator Ben Timmons, Center Director Jill Joseph, UCDSOM Domain Administrator Dan Cotton and Operations Manager Wilhelmina Cottman. We are largely 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 Medical Center’s physical firewall protection and the School of Medicine’s logical (Active Directory IPSec policy assigned) firewall protection.

Interdepartmental Data Management: Maximizing Resources without Security Degradation

The Center’s network-based data is hosted, secured and backed-up by ISMED/UCDSOM domain administrators (located in Tupper Hall on the UCD Campus). Ben Timmons is responsible for organizing and delegating access to all data and storage space on the CHSRPC-allocated portion of the UCDSOM data server, using Windows Active Directory for account management and workstation administration.

While network data is stored on servers in the UCDSOM domain (physically located in Tupper Hall), all of the software-programs we run at the Center are physically installed on – and accessed from – local CHSRPC workstations (with the exception of 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 TRC. We also maintain several licenses for other software including, but not limited to Stata, SAS, 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 UCDHS-IS. This scheme has been effective in protecting us against viral and malicious code.

Center Faculty

Current membership is at 80 an increase of 14% over the last year. Members include School of Medicine faculty, faculty from other UCD campus schools and 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 47 (59%) from the School of

Medicine and 33 (41%) 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 2006-2007 Executive Committee included the following members:

Jill Joseph, MD, PhD, MPH
Center Director and Professor of Pediatrics

Debora A. Paterniti, PhD
Center Associate Director and Assistant Adjunct Professor, Internal Medicine,
Assistant Adjunct Professor, Sociology

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

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

Rahman Azari, PhD
Senior Lecturer, Department of Statistics

Edward Callahan, PhD
Professor, 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

Ladson Hinton, MD
Associate Professor, Department of Psychiatry and Behavioral Sciences

Nathan Kuppermann, MD, MPH
Associate Professor, Emergency Medicine and Pediatrics

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

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

John Robbins, MD, MHS
Professor, Internal Medicine

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

Advisory Board

The purpose of the Advisory Board is to provide CHSRPC 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 as a group during the 2006-2007 academic year; however, individual board members were tapped for their expertise on a variety of Center-related matters, including issues related to programmatic direction and topic selection and assistance in planning an annual Center-sponsored Health Policy conference which was held in January 2007. This conference, "From Research to Policy: Mental health" was a success and well attended. The center is planning another annual conference in the near future. A list of current Board members is provided in Appendix 2.

Administrative Support

CHSRPC Leadership

With recruitment of an ever-larger and more experienced staff, CHSRPC's internal management structure has been periodically reorganized and now depends on a team approach. Responsibility for executing CHSRPC's mission rests with a Director (Jill Joseph, MD, PhD, MPH), an Associate Director (Debora Paterniti, PhD), an Assistant Director for Education and Training (Patrick Romano, MD, MPH), and an Operations Manager (Wilhelmina Cottman). In addition, CHSRPC employs a financial team. A 75% time Financial Manager, one full-time Administrative Assistant II, and one full-time Grants Development Officer.

Project Management

Once a project has been funded, CHSRPC 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 CHSRPC's commitment to facilitate interdisciplinary research on the Davis campus, CHSRPC faculty and staff provide mentorship to junior faculty and post-doctoral fellows whose interests and research fall under the umbrella of health services research. In addition, CHSRPC has continued its efforts to introduce faculty in the statistical and social sciences to the excitement of multidisciplinary applied health care research.

Extramural Outreach

CHSRPC continues to function as a resource for the Sacramento region and is involved in a number of local, state and national activities. For example, Dr. White has advised the California Institute for Health Systems Performance; Dr. Melnikow has assembled a coalition to address cancer prevention in Latinos; and Dr. Paterniti is the 2004 – 2006 Chair of the Health, Health Policy & Health Services section of *The Society for the Study of Social Problems*, the 2005-2007 Secretary/Treasurer for the Medical Sociology Section of the *American Sociological Association*, and serves on the editorial board of *HEALTH: An Interdisciplinary Journal for the Study of Health, Illness, and Medicine*. Dr. Kravitz and Dr. Malathi Srinivasan (Center member and Assistant Professor, Internal Medicine) continue to be Editors of the *Society of General Internal Medicine* forum.

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. 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. Experienced Center administrative and financial staff is available to assist senior faculty with budget preparation, template sections, and to facilitate and ensure compliance with various submission guidelines and forms. Additional training was provided to center administrative staff to increase the resources available to faculty with knowledge and understanding of the research proposal process. Over time, CHSRPC 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 2006-2007

Title:	Minority Substance Abuse Prevention and HIV Prevention Services Program
Principal Investigator	Edward J. Callahan, PhD
Grant/Contract Number	1 H79 SP010296-01
Source of Support	Substance Abuse and Mental Health Services Administration
Approved/Proposed Dates:	10/02-4/07
Total Costs	\$1,018,953

The goal of this three and a half-year study was to reduce substance abuse (including tobacco, alcohol, and drugs), and HIV infection among minority youth in Sacramento County. Ongoing training was provided for primary care clinic providers to incorporate prevention messages in their outpatient visits with youth and parents and refer families to the TRUE prevention program. UCDMC primary care clinics, the Sacramento Community Clinic Consortium and other community-based organizations were among the referral sources. Six community clinics and two Health System clinics serve as study sites.

Youth were recruited into the study along with their friends to participate in an 8-hour curriculum designed to increase resilience and personal identity and strengthen family relationships. Over 606 youth, 11-14 years old, and 80 parents were enrolled. Sessions were offered in Spanish and English to parents, but only in English to youth. Educational sessions were offered at a variety of community-based organization and school locations throughout Sacramento County. Participants completed a questionnaire before the prevention program began, immediately afterward and six months after the program. Data analysis is being completed and results are being prepared for submission.

Title:	A Culturally Targeted Approach to Medication Adherence among Southeast Asians
Principal Investigator:	Tonya L. Fancher
Grant/Contract Number:	
Source of Support:	UCD Health Systems
Approved/Proposed Dates:	7/1/2005-6/30/2007
Total Costs:	\$75,000

The specific aims are to use qualitative methods to develop and refine a culturally targeted psychosocial intervention to improve adherence with antidepressant medication among Vietnamese patients. Over the past year, we have conducted five interviews with key informants from the local Vietnamese community. The informants included a professor, a clinical psychologist, a mental health specialist, a job placement specialist, and a community health program specialist. One patient with depression was interviewed. Lastly, a focus group with five Vietnamese participants, four males and one female, were conducted at a local community center (Boat People S.O.S.). Attempts were made to recruit participants for the Intervention phase of our project; the attempts were all unsuccessful. Furthermore, the transcripts from the interviews and focus group are currently being analyzed. For the second phase of the project, we plan to

recruit participants from the Vietnamese Catholic Martyrs Church in Sacramento, distribute culturally sensitive flyers about depression, and screen for depression.

Title:	Do Reporting Biases Mitigate Disparity Estimates?
Principal Investigator	Peter Franks, MD
Grant/Contract Number	412508-G
Source of Support	University of Rochester
Approved/Proposed Dates:	9/15/03-8/31/06
Total Costs	\$103,413

The purpose of the grant is to understand factors explaining racial/ethnic discrepancies in self-report and claims data for prevention services in those over 65 years of age.

National self-report surveys show minimal racial disparity in mammography, while analyses of administrative data show large disparity. Using the 1998 - 2002 Medicare Current Beneficiary Surveys, which contain participants' self-report and claims data, we developed multivariable adjusted models examining factors associated with self-reported mammography and self-reported mammography verified by billing records. No racial/ethnic disparities were found in self-reported mammography. Verified mammography, however, revealed significant disparities for race/ethnicity, education, income, insurance, and health status. Supplementary analyses, including analysis restricted to radiologists providing mammography to both white and minority respondents, confirmed longer intervals between mammography claims for minority women. Race/ethnicity, education, income, insurance, and health status are associated with a lower likelihood of self-reported mammography verified by the existence of claims data. These data caution against exclusive reliance on self-report survey data to assess disparity in mammography. One paper has been published in Medical Care, another, exploring whether the discrepancy is generalizable to other prevention procedures is under review. We are also exploring the extent to which claims denial plays a role in the discrepancies. That is, are principal providers of minority patients more likely to have their claims denied?

Title:	Patient Coaching for Care of Cancer Pain
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:	Comparative Information on Prescription Drugs Advertised Directly to Consumers II
Principal Investigator	Richard Kravitz, MD, MSPH
Grant/Contract Number	05-1129
Source of Support	California HealthCare Foundation
Approved/Proposed Dates:	7/1/05-9/30/06
Total Costs	\$239,900

The Prescription Drug Information Project II (PDIP II) is a collaborative venture between the University of California (UC Davis is the lead site) and the California HealthCare Foundation. The goal of the PDIP is to support California's clinicians and patients as they make day-to-day decisions about what drugs to prescribe and what drugs to take. The governing principle is that accurate, understandable information about effectiveness, side effects, and costs will help clinicians and patients select the best drug or treatment for them at the best price.

The UC team performed scientific reviews of the treatment options for six common health conditions based on the evidence gathered by UC pharmacists and physicians, as well as publicly available evidence reports prepared by the Drug Evaluation Review Project (DERP, run by the Center for Evidence-Based Policy at Oregon Health and Science University). Summary conclusions were vetted by a scientific review panel consisting of doctors and pharmacists from the University of California and by nationally recognized experts in the condition-specific areas. The conditions addressed by PDIP II are: Congestive Heart Failure, Diabetes, Migraines, Hypertension, Neuropathic Pain, and Chronic Low Back Pain.

Summaries can be used on their own or can be used as the basis for others to develop additional materials specifically tailored to, and appropriate for, their individual constituencies. The project's Scientific Reference Guides and Scientific Reviews may be found on the California HealthCare Foundation website at <http://www.chcf.org>

Title:	Emergency Medical Services for Children (EMSC) Network Development Demonstration Project
Principal Investigator:	Nathan Kuppermann, MD, MPH
Grant/Contract Number:	U03MC00001
Source of Support:	HRSA/MCHB
Approved/Proposed Dates:	9/30/2005 – 8/31/2008
Total Costs:	\$2,100,000

Despite the importance of pediatric acute illness and injury treated in emergency departments (EDs) and by pre-hospital care providers, scientific data to guide care is often lacking. This is a result of: a) the local infrequency of many important pediatric illnesses/injuries, and adverse outcomes, necessitating large samples for adequate study; b) results of single-site research may not be generalizable to all children; and c) historically, the limited infrastructure for collaborative

study of pediatric emergency medicine (PEM)/EMSC. We created a robust research node of the Pediatric Emergency Care Applied Research Network (PECARN) in 2001-2005, which we then refined for the new grant period of 2005-2008. Our ACORN node of PECARN is a successful collaboration of six academic pediatric EDs with research experience and infrastructure, drawing from a large, diverse patient volume. The goals of this collaboration are to optimize ACORN nodal infrastructure, to generate and implement rigorously-designed research proposals on high-priority EMSC topics, to disseminate peer-reviewed research findings to EMSC practitioners, and to translate research findings into practice.

Title:	Childhood Head Trauma: A Neuroimaging Decision Rule
Principal Investigator:	Nathan Kuppermann, MD, MPH
Grant/Contract Number:	5 R40MC02461
Source of Support:	Maternal and Child Health Bureau (MCHB)
Approved/Proposed Dates:	1/1/2004 – 12/31/2006
Total Costs:	\$1,639,623

Traumatic Brain Injury (TBI) is the leading cause of death and disability in children older than one year. Some children with TBIs are initially unrecognized, leading to preventable morbidity. Although computerized tomography (CT) scanning is the gold standard for diagnosing TBI in head-injured children, and failure to diagnose TBI increases morbidity and mortality, overuse of CT scanning has important drawbacks. The most important among these is radiation exposure which may result in death from malignancy, estimated as 1 radiation-induced fatality per 2000-5000 pediatric cranial CT scans. Fewer than 10% of CT scans currently performed on children with head injury reveal TBI, thus CT scans are used inefficiently.

The long-term objective of this study is to develop a highly accurate decision rule for the evaluation of children with blunt head trauma. The specific aims are to derive and internally validate a clinical decision rule which accurately and reliably identifies children at high risk and those at near-zero risk of TBI after blunt head trauma. This is a prospective, multi-center observational study of children with blunt head trauma evaluated in the 25 hospitals of the Pediatric Emergency Care Applied Research Network (PECARN) of the Maternal and Child Health Bureau. These 25 hospitals evaluate more than 808,000 children of diverse geographic and racial/ethnic backgrounds in their EDs on an annual basis (of whom approximately 16,000 have blunt head trauma).

Children with blunt head trauma at these centers will be evaluated and enrolled into the study at the time of presentation to the participating EDs over two years, and will be followed prospectively to detect the outcomes of interest: 1)TBI on CT scan, and 2)TBI in need of acute intervention (defined by the need for neurosurgery, endotracheal intubation for >24 hours, or hospitalization for 2 or more nights). The clinical data collected at the time of ED presentation will then be analyzed using binary recursive partitioning to generate a clinical decision rule(s) for the identification of children at high risk, and near-zero risk of TBI. This rule will be tested in the PECARN network and widespread dissemination will result in more efficient, evidence-based evaluation of children with head trauma which in turn will make the use of CT more appropriate and hopefully less frequent. This project has completed enrollment of 30,000

patients to derive the decision rule, and is currently enrolling 10,000 additional patients for validation of the decision rule.

Title:	Costs of Occupational Injury and Illness
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:	Surveillance Strategies Following Treatment for CIN
Principal Investigator:	Joy Melnikow, MD MPH
Grant/Contract Number:	1 R01 CA109142
Source of Support:	NIH/NCI
Approved/Proposed Dates:	6/1/05-12/01/07
Total Costs:	\$872,747

Though now less common in developed countries than previously, in 2003 cervical cancer is projected to result in 12,200 new cases and 4,100 deaths in the United States. These relatively low rates are attributed to the success of cervical cancer screening and treatment of cervical intraepithelial neoplasia (CIN). To reduce further the incidence and mortality of cervical cancer in developed countries while avoiding unnecessary procedures and conserving resources is a challenge that confronts clinicians and health policy makers. The recent move away from recommending lifelong annual cervical cancer screening towards consistent screening every two to three years is one example of an effort to meet this challenge. Recent estimates for the US indicate that more than one million women are diagnosed with low-grade neoplasia (CIN I) annually, and that about 500,000 women will have higher-grade lesions (CIN 2 or CIN 3). Follow-up strategies must strike a balance between finding and treating persistent or recurrent lesions and potential overuse of procedures and resources. The recent publication of the findings from the ALTS trial has led to recommendations for the management and follow-up of CIN. These recommendations include follow-up after treatment at 4 to 6 month intervals until three negative cytology results are obtained, followed by annual screening. The duration of annual screening remains unspecified, however, and the long-term risk and time patterns of recurrence of CIN or invasive cancer after treatment remain unclear. The relative cost-effectiveness of these recommendations has not been evaluated. Given the large number of women diagnosed with CIN every year, over time a substantial number of women will be assigned to long-term annual cytology for post-treatment surveillance.

Our study will examine the long-term risks of recurrent CIN and changes in risk over time in a cohort drawn from a comprehensive, population-based dataset. Based on these data and previous work, we will conduct a cost-effectiveness analysis to compare strategies for long-term follow-up of women who have undergone evaluation and treatment of CIN. Data from the cohort study and a systematic review of the literature will be used for recurrence risks, costs will be estimated by coding of clinical pathways, and utilities obtained from diverse populations will be applied to a previously validated Markov model. Alternative strategies for post-treatment surveillance will be evaluated.

Title:	Cancer Priorities in the Latino Community
Principal Investigator:	Joy Melnikow, MD MPH
Grant/Contract Number:	58389
Source of Support:	Catholic Health Care West Community Grant
Approved/Proposed Dates:	1/1/06-12/31/06
Total Costs:	\$25,000

The CALS partnership is designed to establish priority areas in cancer prevention, screening, detection, and access to treatment and palliative care. CALS will survey approximately 300 adults at clinics and health fairs in the tri-county area to identify priority health concerns regarding cancer prevention, screening, and treatment. Based on the analysis of the survey data, one area will be selected for community health education focused on prevention and healthy lifestyle, cancer screening and early detection, or treatment and palliative care. Once the area is identified, a curriculum will be developed for training lay health educators or promotoras.

The target population is Latinos in Sacramento and San Joaquin counties. Latinos experience significant disparities related to cancer prevention and screening. The Latino population in the tri-county area is 21%, compared with 12% nationally. Spanish is the non-English language most commonly spoken (by 51% of non-English speakers) in the tri-county area.

A combined total of 577 valid surveys were completed, 66% by participants speaking Spanish as their primary language and sourced from both counties. Cancer ranked second in healthcare priorities behind diabetes. The study results indicate that while over 53% of participants surveyed preferred to receive their information from a doctor or nurse having trust in the doctor is still the number one barrier to cancer treatment.

Title:	Micro-level Barriers in Accrual to Cancer Clinical Trials
Project Leader Principal Investigator	Debora A. Paterniti, PhD Primo N. Lara, Jr., MD
Grant/Contract Number:	01-01560E
Source of Support:	National Cancer Institute
Approved/Proposed Dates:	09/01/03 – 07/31/06
Total Costs:	\$218,323

The goal of this project was to enhance communication between structurally distinct subgroups of persons associated with clinical trials and clinical trial accrual and among all members of the clinical trials team, health care providers, and patients/family members. A qualitative methodological approach to understanding barriers guided this project. This approach seeks to 1) identify interaction-based barriers--defined as areas of communication “breakdown”--to early phase clinical trial accrual within defined groups: patients, caregivers, physicians, nurses, and clinical research associates; 2) rank these elements according to perceived importance within the groups; and 3) disseminate the information to the other groups by way of a communication intervention. Observational field research, focus group interviews, and the accrual survey instrument will be utilized to assess the efficacy of “interactional” interventions for overcoming micro-level barriers.

We conducted three months of intensive observation of recruitment, consent, and participation in early phase trials. Key elements were listed with pictures on a series of cards used in a card sort task exercise aimed at ranking the most important through the least important elements of clinical trial accrual from the perspectives of the various parties involved in the accrual process (e.g., physicians, family and patients). Among the 21 elements important to trial understanding and accrual, the referral process to clinical trials was ranked as more important to community-based physicians than research physicians ($p=.013$). The sample consent form ($p=.022$), signing the consent form ($p=.001$), performance status ($p=.03$) and prior experience with a clinical trial ($p=.004$) were more important to the research physician than to patient family members. Research physicians and patients also differed in how much they valued these aspects of clinical trial accrual—signing the consent form ($p=.003$), performance status ($p=.028$) and prior experience with a clinical trial ($p=.0004$)—with research physicians feeling these aspects were more important to understanding and accrual than did patients. Although not significant, family members ranked as more important getting and having more information about standard treatment therapies than patients ($p=.06$). Nearly all participants believed that discussion with

the oncologist was one of the most important factors in the understanding of and accrual to trials. All parties discussed the significance of clinical research associates (CRAs) to trial accrual and retention during interviews, but only patients ranked CRAs as one of the most important elements in accrual process. Access to the internet and general information from cancer organizations were ranked among the least important elements influencing trial understanding and accrual.

Title:	Breast Cancer Experience of Slavic Women
Principal Investigator:	Debra A. Paterniti, PhD
Grant/Contract Number:	12AB-3300
Source of Support:	UC CA Breast Cancer Research Program
Approved/Proposed Dates:	07/01/06-03/31/08
Total Costs:	\$167,359

The purpose of this project is to understand, *How do Slavic immigrant women come to understand breast health and breast cancer (i.e., what is their lived experience)? How do Slavic women conceive of (breast) health?; What is their perceived susceptibility to breast cancer?; what drives health seeking behaviors?* In addition to these focuses, additional information that is being studied is what type of social networks/family structures are these women associated with? How do they come to understand breast cancer screening and disease? What do they view as the benefits and barriers to health seeking behaviors related to breast care/health care? How important is breast health/breast cancer screening? These questions will be part of the questions that guide our qualitative pilot project. The specific aims include an 18-month, qualitative pilot project with the Slavic community of Sacramento and Yolo counties that will involve the use of qualitative focus group methods to characterize Slavic women's current perceptions and understandings of breast health and barriers to care and care seeking; and to use these understandings to design and qualitatively (through focus group interviews) assess the acceptability of a health educator program by and for Slavic women.

Title:	Agency for Healthcare Research and Quality (AHRQ) Support for Quality Indicators
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.

Title:	Quality Measures Evaluation Project
Principal Investigator:	Patrick S Romano, M.D., M.P.H.
Grant/Contract Number:	05MC-1A016
Source of Support:	State of California Dept. of Managed Health Care Office of the Patient Advocate
Approved/Proposed Dates:	06/01/06-04/30/09
Total Costs:	\$225,399

The objectives of this project are to conduct exploratory analyses of OPA data sets, to identify and analyze data elements in Quality Compass for potential inclusion in the California Quality of Care Report Card, and to develop recommendations for OPA regarding future activities in performance reporting.

Title:	End of Life Curriculum Development and Assessment Curriculum
Principal Investigator:	Michael Wilkes, MD PhD
Grant/Contract Number:	R25-CA098467-01A2
Source of Support:	National Cancer Institute
Approved/Proposed Dates:	9/1/05-8/31/10
Total Costs:	\$4,114,550

The Principal Investigators oriented all project faculty members and key staff to core components of the virtual clinic, the medium through which learners will access and work through each case. The core content group identified, assembled, and critically reviewed content from multiple sources. This group agreed on 10 core topic areas then developed additional detailed subtopics under each category. The case development subgroups identified learning objectives, for a total of nine complex case scenarios that are in development. These objectives have been mapped to a master table of core content items to assure that critical content is covered, well distributed and, when appropriate, repeated. The cases cover an array of situations and include the following: elderly woman with dementia; middle-aged woman with lung cancer; a motor vehicle accident victim; myocardial infarction; two separate Congestive Heart Disease patients; a pediatric near drowning and; a three-part case of a child with Osteosarcoma.

Title:	Cultural Competence in Medical Student Education: an Integrated and Developmentally Informed Curriculum.
Principal Investigator:	Michael Wilkes, MD PhD
Grant/Contract Number:	015928
Source of Support:	Association of American Medical College
Approved/Proposed Dates:	9/18/05 – 8/31/08
Total Costs:	\$150,000

The UC Davis School of Medicine proposes the development of **CULMEC** (cultural competence in medical student education, an integrated and developmentally informed curriculum). *CULMEC* is a comprehensive initiative to design, implement, and evaluate a new longitudinal cultural competence education curriculum for medical students. Drawing upon the extensive resources of the University of California, Davis; Kaiser Permanente; and the State of

California’s Department of Health Services, *CULMEC* will use the UC Davis Medical School as a laboratory to develop a longitudinal integrative curriculum on cultural competence. This innovative curriculum will be designed to be stage-appropriate for medical student growth, and follow sound educational theory on the development of cultural competence among clinicians. Our intent is to create a replicable program that can be shared with other health sciences schools nationwide.

Students in all four years of medical school at UC Davis will participate in this model program. Cultural competence education will be integrated into experiential community based activities, didactics, standardized patient cases, and teaching opportunities over the four years of medical training. In addition, four UC Davis clinical departments will develop pilot programs strengthening the integration of cultural competence education into their third-year clerkships. Finally, approximately 10% of fourth-year students will participate in an intensive new “special studies module” focusing on the intersection of culture and health care. In this curriculum development and implementation process with at least 78 faculty who will participate in faculty development to become better teachers of culturally competent care. The TACCT (Tool for Assessing Cultural Competence Training) domains will guide our evaluation as we carefully assess students’ knowledge, skills, and attitudes semiannually and our school’s overall curriculum design.

Vice Dean of Medical Education, Michael Wilkes MD will serve as *CULMEC* project director along with Hendry Ton, MD, a faculty member with expertise in cultural competence education and innovations in culturally competent medical care. The initiative will be implemented in the context of a new, institution-wide focus on increasing cultural competence among UC Davis Medical School students, faculty, and staff. A multidisciplinary Steering Committee has been formed to ensure coordination within these parallel efforts, and to provide linkages to community-based resources.

Title:	Intervention to Improve Shared Decision-Making: Prostate Cancer Screening
Principal Investigator:	Michael Wilkes, MD PhD
Grant/Contract Number:	1 RO1 PH000019
Source of Support:	Center for Disease Control (CDC)
Approved/Proposed Dates:	9/01/04 – 8/31/08
Total Costs:	\$2,594,630

Funded by the Centers for Disease Control (CDC), “Interventions to Improve Shared Decision-Making: Prostate Cancer Screening”, examines the utility of routine screening for prostate cancer with prostate specific antigen (PSA), a test which remains highly controversial. Many primary care physicians (PCPs) order PSA without helping patients understand the associated risks, benefits and downstream consequences. We will test whether an intervention to improve shared decision-making (SDM) impacts physician and patient knowledge, skills and attitudes about PSA screening, and primary care physicians’ (PCPs) PSA screening practices.

In a unique public-private partnership, 140 PCPs across four health systems in California (UC Los Angeles, UC Davis, Kaiser Permanente in both Northern CA and Southern CA, and the

Dept. of Veterans Affairs) will be randomized by practice site to the control group or the intervention group. Control group PCPs will have access to a CDC brochure about PSA screening. PCPs in the intervention group will use an interactive web-based curriculum that include visual tools, video clip vignettes, and other interactive content to illustrate key points about risk assessment, PSA screening, and SDM. In addition, patients at intervention sites will be randomized to receive either the same brochure as patients at control sites, or an interactive curriculum covering similar content from a patient perspective. Both intervention groups (PCP-only or physician and patient intervention) will be compared to controls regarding knowledge, skills and attitudes. The primary endpoint will be changes in physician SDM behavior (Kaplan scale). Pre- and post-test changes in PCP knowledge and attitudes will also be assessed, and post-intervention PCP SDM skills will be assessed using unannounced standardized patients, who present to PCP offices with a request for PSA testing. Post-test patient changes in knowledge and attitudes will also be assessed. Finally, any change in actual PSA ordering behaviors will be assessed.

Title:	Disaster Mental Health
Principal Investigator:	Peter M. Yellowlees, M.D.
Grant/Contract Number:	YPST506
Source of Support:	Department of Mental Health
Approved/Proposed Dates:	9/1/2005 – 8/30/2006
Total Costs:	\$246,880

This project is for the development of an educational program for medical/health personnel on behavioral health issues related to bioterrorism. Materials are based on best practices and current competencies in relation to the behavioral health consequences of disasters and terrorism. Specific topics are: behavioral health issues related to quarantine and evacuation; addressing anxiety among patients and families; post-traumatic stress disorder diagnosis; addressing needs of patients with medically unexplained physical symptoms; family support in the hospital setting; death notification; risk communication in coordination with public health authorities to educate the public; and potential long-term psychosocial implications of a public health emergency.

E. Education and Training Activities

Seminar Series

CHSRPC 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, CHSRPC hosts quarterly Seminars on the Davis campus. Continuing Medical Education credit is available to practicing physicians; graduate students in Epidemiology can earn 1 unit of course credit for each quarter of regular attendance. Appendix 4 provides titles of the Seminar Series from visiting presenters and UCD faculty and staff presenters for 2006-2007.

Journal Club

CHSRPC's semi-weekly 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 2006-2007 may be found in Appendix 5.

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, CHSRPC launched this unique, interdisciplinary research training fellowship in July 2002 and received a three-year federal award in 2003. The PCOR program continues to thrive despite the completion of the federal award in 2006. 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 2006- 2007 are provided in **Appendix 6** and **Appendix 7**, respectively.

Academic Instruction

CHSRPC 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, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl), 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 CHSRPC projects during 2006-2007 is documented in **Appendix 8**.

F. Publications

Appendix 9 represents the scope of our faculty's publications in health services research. They demonstrate the multidisciplinary nature of our research with representative publications from all areas of expertise.

G. Translational Research

The CHSRPC, under the leadership of Dr. Joseph, has been increasingly more involved in translational research.

A Brief Tutorial on T2 Translation and Implementation Science

Improvements in health and health care depend not only on new scientific discoveries (“doing better things”) but also applying what is known with high fidelity, in real clinical settings (“doing things better”). Substantial evidence suggests that quality of care in the United States is far from optimal; on average, patients receive about 55% of services supported by clinical trials and recommended by experts. Moreover, quality is unevenly distributed, so that the likelihood of receiving effective services, safely delivered, varies as a function of insurance, income, education, race, ethnicity, disability, and most importantly -- geography. Getting *more* services is not necessarily better, as studies show that the adjusted per capita health care expenditures are about twice as high in New Jersey than in Hawaii, with no gains in outcomes. It’s a matter of getting the right services, rightly delivered, at the right time.

In one view translational research exists along a continuum from laboratory studies to policy research.

Bench Research	T1 Translational Research Clinical Science	Clinical Trials	T2 Translational Research Implementation Science	Health Policy
-------------------	--	--------------------	---	------------------

T2 translational research, also termed “implementation science” is all about getting evidence-based interventions into practice. Community based participatory research is a means to connect researchers (who develop solutions) with clients (who ultimately implement them). The movement is a welcome development insofar as the results of research are more likely to be applied by those who have a stake in the research. Nevertheless, “communities” are just one of the health care actors who are critical to implementing evidence based practices. The other **key actors** are hospitals, physicians, other health care professionals and workers, patients, and families. T2 is about applying social science principles (especially cognitive and social psychology, sociology, and economics) to shape the behavior of health care organizations, providers, and patients.

Examples of CHSR/PC T2 Translational Successes

Local

- The CHSR/PC’s evaluation of the HEALTH Project (F. Molitor, Director) for the Sacramento Community Services Council used state-of-the art survey methods to measure changes in access and health status among formerly homeless individuals living

in transitional housing who were exposed to a new program offering on-site health services.

- Work led by Joy Melnikow, MD, has identified efficient algorithms for follow-up of abnormal Pap smears among poor women; the project was conducted in collaboration with Planned Parenthood of Sacramento.
- Richard Pan and Debora Paterniti implemented a community-based child advocacy block rotation for UCDCM pediatric residents and evaluated its effect on residents and on the community.
- CHSR/PC has trained scores of UCD undergraduates and medical students in applying health services research techniques in the community.

State

- CHSR/PC has enjoyed a long collaboration with OSHPD (Office of Statewide Health Planning and Development). The major current effort is developing and evaluating public reports of risk-adjusted outcomes of CABG surgery (Z. Li, PI).
- CHSR/PC also works closely with the State OPA (Office of the Patient Advocate). Current projects involve improving the delivery of information to consumers so they can choose health plans based on quality as well as price.
- CHSR/PC represents UC Davis on the UCOP-sponsored CHBRP (California Health Benefits Review Program), which performs rapid-turnaround evidence-based reviews of proposed legislative health coverage mandates.
- The Center has sponsored two consecutive annual conferences relevant to state health policy. Under the theme “From Research to Policy,” the first conference focused on emergency care and the second on mental health disparities. Both conferences were well attended by legislative staff and community activists.
- The ELSI Genetics Project and End-of-Life Project are developing computer based curricula for medical students and residents statewide (M. Wilkes, PI).

National

- Under Dr. Romano’s leadership, CHSR/PC has been heavily involved in developing a toolbox of quality measures for the US Agency for Health Care Quality and Research (AHRQ) and for the National Quality Foundation (NQF).
- Dr. Leigh has published the definitive monograph on costs of occupational injuries and diseases for NIOSH.
- Multiple projects using large national datasets have provided insights into the genesis of racial/ethnic health disparities and suggested possible solutions (P. Franks with J. Melnikow, P. Leigh and others).

II. Summary of Progress and Future Plans

State Health Policy Unit

The State Health Policy Unit has been involved with increasing CHSRPC's visibility within the state government, and attracting and maintaining a growing portfolio of state-sponsored grants and contracts. Moreover, with the assistance of Dr. Joseph and Sergio Gaxiola-Aguilar, the Director of the Center for Reducing Health Disparities, collaborative funding was secured for a

conference “From Research to Policy” Mental health which was held on January 11, 2007. The symposium provided up-to-date information on the state of California’s mental health services, disparities and generated constructive dialogue between health researchers, policy makers, community stakeholders and other interested persons. A total of 207 people registered and participated in the conference. The conference received an average of 4.19-4.42 on a scale of 0-5 (0 being low and 5 being high) on major conference themes, i.e. “Was the material appropriate”, “Was the learning objective met”. Here are some additional comments received on the evaluations:

PHYSICIAN COMMENTS

- Excellent program
- Presenters were often rushed.
- Way too long introduction of speakers, their CV, publications, awards and committees. More suitable for an academic symposium.

Other Comments

- Did not emphasize the difference between evidence based practice and practice based evidence as an important consideration in disparities and transformation of how to achieve good outcomes.
- Enjoyed the variety of experts and resources
- Fantastic faculty!
- Great job! Thank you! Stay on the path to awareness and bring about lasting change.
- I felt this program made the importance of culturally appropriate mental health services clear and provided examples of how to improve cultural competence.
- Just because people are white and may or may not have attended college doesn’t mean they have good mental health and issues regarding culture, language, etc. Not all whites are the same. Consider gender differences, etc.
- Lots of information but timing limits were a challenge to many of the presenters who struggled to provide us with lots of information in very short timeframes.
- No Kaiser? No Sutter? Not California specific.
- Overall, great conference. Very impressive lineup of renowned speakers.
- There was little information regarding application. Most of the research rehashed previously known information and just repeated that more research is needed.

Future initiatives for this unit include further development of CHSRPC's capacity to perform high quality, rapid turn-around, policy-relevant health care research for clients within the

California state government, 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 CHSRPC's strategic goals established during CHSRPC'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 CHSRPC'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. CHSRPC has been extremely successful in fostering interaction among faculty *within* the School of Medicine and most recently the Clinical and Translational Science Center. We have effectively established collaborations that include pre and post award project work. There remains the lack of a solid history of involvement with social scientists from the UC Davis campus. Under CHSRPC 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 CHSRPC. 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.

Scholar in Residence Initiative. To facilitate collaboration between clinicians and Davis-based social scientists, CHSR/PC prepared a proposal to Vice Chancellor Barry Klein that would create a "Scholar-in-Residence" program open to all Davis faculty in the social and behavioral sciences. The program would "buy out" teaching time, allowing Davis faculty to spend a full quarter in residence at CHSR/PC.

Ideally, the scholar would continue participation with the Center as a co- or lead investigator on grants and mentoring fellows and junior faculty. Such faculty could, no doubt, play important roles in the UCD Cancer Center, the Center for AIDS Research (CFAR), the Center for Reducing Health Disparities, and the program in vascular biology and medicine.

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

Establish a Program in Health Communication within CHSRPC. UCD has a strong core of faculty interested in health communication, including CHSRPC members Drs. Kravitz,

Melnikow, Meyers, Bell, Paterniti, Callahan, Bertakis, Jerant, Alcalay, García, and Wilkes. 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.

Create strategic links with other departments. CHSRPC is working on a set of joint recruitments with the Department of Internal Medicine that would establish a program in Vascular Population Health and Outcomes research.

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, although struggling with the challenges of cross-training and retention, has developed an infrastructure that will allow the Director and Associate Director to manage the Center's administrative functions and support multidisciplinary research in a more efficient and cost-effective manner by allowing sponsored research by investigators from varied schools and departments.

As part of this transition and 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 2006-2007 Center expenditures were \$3,736,570 from research funds and \$419,097 from core funds. Twenty-five new proposals were submitted seeking funding of \$24,026,308. At the time of this report, nine proposals submitted during the reporting period have been approved for funding, totaling ~\$3,873,908 for the next fiscal period. In 2007-2008, we project expenditures of \$4,105,067 in research funds and \$519,494 in core funds.

Accomplishments and Challenges

As the Center enters its eighth 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 seven 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 2006-2007, twenty-five new proposals were submitted seeking funding of \$24,426,711. At the time of this report, eight proposals submitted during the reporting period have been approved for funding, totaling ~\$2,729,188.
- 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, Garcia, Hilty, Hodge, Hogarth, Jerant, Keenan, Marcin, Nuovo, Pan, Paterniti, 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. Three graduating fellows have already 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 in Internal Medicine; Ronald Fong in Family & Community Medicine).
- Facilitated the recruitment of prestigious senior-level faculty members to the UCD Health System (Jill Joseph and Sergio Gaxiola-Aguilar).
- 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 (Kravitz, Romano), sociology (Paterniti), and health administration (Leigh).
- 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, and implementation of the electronic medical record, residency training, and faculty development.
- Developed the State Health Policy Unit, which has increased CHSRPC's visibility within the state government, and begun to attract a growing portfolio of state-sponsored grants and contracts and conferences.

Notwithstanding our pride in these accomplishments, the Center faces several challenges:

- We continue to be 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 quarterly seminars and the CHSRPC State Policy conference; Dr. Romano has a longstanding relationship with the Office of Statewide Planning and Development; the Center conducted a major study for the Department of Health Services concerning nurse staffing ratios; we are working with the Department of Managed Care and the Office of the Patient Advocate on several projects. Nevertheless, *the Center needs to identify 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.*

On January 8, 2003, the Center convened a meeting of key stakeholders to consider future directions and plan new initiatives. Approximately 15 faculty and 10 staff participated. Following an introductory presentation and discussion, participants broke into three workgroups focused on mission, faculty, and operations.

Key recommendations emerging from the workgroups and responses from Center administration are as follows:

- Change center name and expand mission to better reflect current and future scope of work: We have made a proposal to change the name of the Center to the UC Davis Center for Healthcare Policy and Research (CHPR) and we expect the approval for this request will come in the fall of 2007.
- Maintain strength in health communication, quality of care, patient centered-care, clinical outcomes and women's health: We have continued our efforts in these areas largely through responses to RFAs and state-related contracts in these domains.
- Expand programs in racial and ethnic health disparities, aging and pediatric HSR. This core area of health services research is now the focus of a new Center for Reducing Health Disparities. In addition, several investigators have lead projects specific to racial and ethnic health disparities including Dr. Melnikow; Cancer Needs Assessment in the Latino Community and Dr. Paterniti; Breast Cancer Treatment Options for Slavic Women.
- Facilitate collaborative workgroups with defined focus areas linked to specific funding opportunities. Efforts in this area have focused on cross-training administrative staff and circulating RFA opportunities systematically to all investigators. This has provided the up-to-date opportunities and a team of administrative staff able to address faculty work groups needs in award development and submission.
- Improve internal and external communication: We identified three operational principles (coherence, efficiency and learning) during 2004-2005 that facilitate an open and interactive forum for communication between staff, faculty, committee members, and the community. The Center continues to work towards internal and external processes and procedures that are seamless, innovative, and interactive through regular bi-weekly staff meetings, weekly seminar series, inviting visiting lectures and leadership open-door policies.

In the coming year, Center leadership will continue to focus on expanding upon our accomplishments and meeting the challenges noted above.

APPENDIX 1

**UC Davis Center for Health Services Research in Primary Care
Membership List
Fiscal Year 2006 - 2007**

Name	Department
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
Bertakis, Klea, MD, MPH	Family and Community Medicine
Byrd, Robert, MD, MPH	Pediatrics
Callahan, Edward, PhD	Family and Community Medicine
Cameron, Colin, PhD	Economics
Chantry, Caroline, MD	Pediatrics
de la Torre, Adela	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
Franks, Peter, MD	Family and Community Medicine
Garcia, Jorge, MD, MS	General Medicine
Garcia, Lorena, MPH, DrPH	Chicano/Chicana 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
Kalauokalani, Donna, MD, MPH	Anesthesiology and Pain Medicine
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

Name	Department
Li, Su-Ting, MD	Pediatrics
Li, Zhongmin, PhD	General Medicine
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
McDonald, Craig, MD	Physical Medicine and Rehabilitation
Melnikow, Joy, MD, MPH	Family and Community Medicine
Meyers, Frederick J., MD	Internal Medicine Administration
Moore, Charles, MD, MBA	Kaiser Permanente Hospital System
Müller, Hans-Georg, PhD, MD	Statistics
Murray-Garcia, Jann, MD, MPH	Private health policy consultant
Nesbitt, Thomas, MD, MPH	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
Schenker, Marc, MD, MPH	Epidemiology and Preventive Medicine
Shaikh, Ulfat, MD, MPH	Pediatrics
Srinivasan, Malathi, MD	General Medicine
Styne, Dennis, MD	Pediatrics
Tabnak, Farzaneh, PhD	Office of AIDS, Calif. Dept. of Health Services
Tong, Elisa MD, MA	Internal Medicine
Urquiza, Anthony, PhD	Pediatrics
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
Warden, Nancy, MD	Pediatrics
West, Daniel C., MD	Pediatrics

Name	Department
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
Zane, Nolan, PhD	Psychology

APPENDIX 2

UC Davis Center for Health Services Research in Primary Care Board of Advisors Fiscal Year 2006 – 2007

Gary A. Fields, MD
Medical Director, Sutter Physicians Alliance
2800 L St
Sacramento, CA 95816
(916) 454-6653
Email: fieldsg@sutterhealth.org

Bette G. Hinton, MD, MPH
Health Officer, Yolo County Health Department
10 Cottonwood St
Woodland, CA 95695
(530) 666-8645
Email: bette.hinton@ccm.yolocounty.org

T. Warner Hudson, MD, FACOEM, FAAFP
Director, Health, Safety & Environment
DST Output
1102 Investment Blvd, #3033
El Dorado Hills, CA 95762
(916) 939-5580
Email: warner_hudson@dstoutput.com

Richard L. Kravitz, MD, MSPH
Professor and co-Vice Chair, Research
Department of Internal Medicine
Core Faculty Member, CHPR
2103 Stockton Blvd., Ste 2226
Sacramento, CA 95817
(916) 734-1248
Email: rlkravitz@ucdavis.edu

Carol A. Lee, Esq.
President and CEO
California Medical Association Foundation
1201 J St, Ste 350
Sacramento, CA 95814
(916) 551-2562
Email: clee@cmanet.org

Kathryn Lowell
Vice President
MAXIMUS
103 8th Ave.
San Francisco, Ca 94118
916-952-5910
Email: klowell@maxinc.com

Len McCandliss
President, Sierra Health Foundation
1321 Garden Highway
Sacramento, CA 95833
(916) 922-4755
Email: lmccandliss@sierrahealth.org

Jack Rozance, MD
Physician-in-Chief, Kaiser Permanente
2025 Morse Ave
Sacramento, CA 95825
(916) 973-7404
Email: jack.rozance@kp.org

Murray N. Ross, PhD
Director, Health Policy Analysis and Research
Kaiser Permanente Institute for Health Policy
One Kaiser Plaza
Oakland, CA 94612
(510) 271-5691
Email: Murray.Ross@kp.org

Estelle Saltzman
President, Runyon, Saltzman, & Einhorn
1 Capitol Mall, Ste 400
Sacramento, CA 95814
(916) 446-9900
Email: esaltzman@RS-E.com

Hibbard E. Williams, MD
Professor and Dean Emeritus Sponsored
Programs
UC Davis School of Medicine
Davis, CA 95616
(530) 752-5358
Email: hewilliams@ucdavis.edu

APPENDIX 3

UC Davis Center for Health Services Research in Primary Care Summary of Grant Proposals Submitted Fiscal Year 2006 – 2007

PI	DEPARTMENT	PROJECT TITLE	AGENCY	SUBMISSION DATE	AMOUNT REQUESTED	OUTCOME
Breslau, Josh	Internal Medicine	Risk Factors for Psychopathology	NIH	2/1/07	\$900,000	Not Funded
Fancher, Tonya L.	Internal Medicine	Providing Culturally Sensitive Knowledge to Alleviate Depression with the Sacramento Vietnamese Community	NARSAD	5/30/07	\$59,978	Not Funded
Franks, Peter	Family & Comm. Med	Using Social Risk to Guide Cholesterol Treatment	Prime: NIH; UCD Subcontract with U of Rochester	To Rochester 11/1/06	\$241,332	Funded
Kalauokalani, Donna	CHSRPC	Chronic Pain Management Program	California Department of Corrections	7/14/06	\$4,448,033	Funded 1 year
Kravitz, Richard	CHSRPC	SIP II- Targeted PSAs to Enhance Depression Care Seeking and Improve Treatment Quality	NIMH	7/1/06	\$3,623,674	Not Funded
Kravitz, Richard	CHSRPC	SIP II- Targeted PSAs to Enhance Depression Care Seeking and Improve Treatment Quality – Resubmission	NIMH	5/07	\$3,623,674	Funded
Kravitz, Richard	CHSRPC	SIP II- Understanding and Reducing Health Care Disparities in Depressed Older Adults	NIMH	2/1/07	\$5,636,303	Not Funded
Kravitz, Richard	CHSRPC	Integrating Medicine into Basic Sciences Prime HHMI Evaluation project	Howard Hughes Medical Institute	7/1/06	\$84,460	Funded
Kravitz, Richard	CHSRPC	Unleashing Clinical Experience through evidence Farming	Pfizer	12/1/06	\$418,403	Funded
Kravitz, Richard	CHSRPC	Acceptability of and Barriers to N-of-1 Clinical Trials	Pfizer	12/1/06	\$168,963	Funded
Kravitz, Richard	CHSRPC	Creating Smart Consumers of Prescription Drugs: Development, evaluation and Dissemination of an interactive decision aid	OHSU / UCLA	5/1/07	\$35,464	Not Funded

Kravitz, Richard	CHSRPC	N-of 1- Trials Utility and Cost Effectiveness	Pfizer	12/1/06	\$225,000	Funded
Melnikow, Joy	CHSRPC	HPV Vaccine- R21	NIH/NCI	9/20/06	\$419,029	Not Funded
Miller, Elizabeth	Pediatrics	Randomized Controlled Trial of a Family Planning Clinic Based IPV/SA Intervention	NIH	7/10/07	\$99,089	Not Funded
Paterniti, Debora	CHSRPC	The Impact of Moral Tension of Ethical Recruitment to Clinical Research	Greenwall Foundation	2/15/07	\$253,944	Not Funded
Romano, Patrick	CHSRPC	Acting to Reduce Variation in Utilization	California Healthcare Foundation	9/29/06	\$13,019	Funded
Romano, Patrick	CHSRPC	Primary Care Outcomes Research	HRSA	5/1/07	\$841,645	Not Funded
Romano, Patrick	CHSRPC	Impact on Resident Work Hour Rules on Errors an Quality	UCLA	4/10/07	\$21,496	Funded
Romano, Patrick	CHSRPC	Interdisciplinary Nursing Quality	RWJ	12/31/06	\$299,999	Not Funded
White, Richard	Internal Medicine	VTE Study R-01	NIH/NA	1/9/07	\$1,189,430	Not Funded
White, Richard	Internal Medicine	VTE Study R21	NIH/NHLBI	10/30/06	\$412,280	Not Funded
Wilkes, Michael	CHSRPC	A Comprehensive Approach to Educating Consumers About Prescription Drugs: Teaching Skills and Providing Data	NIH/NA	Attorney General OHSU	\$979,093	Not Funded

APPENDIX 4

**UC Davis Center for Health Services Research in Primary Care
Seminar Series
Fiscal Year 2006 - 2007**

Visiting Presenters

Presenter	Company Represented	Presentation	Date
Dan Carson	Guest – CA Legislative Analyst's Office	California's continuing budget situation and the major health policy bills	10/05/2006
Feng Zeng, PhD	Guest – Thomson Medstat	Does competition among HMO plans improve quality of care?	02/01/2007
Rafael E. Diaz, PhD	Guest – CSUS Department of Statistics	Comparison of two estimation techniques of hierarchical logistic models in cluster randomized designs with dichotomous outcomes	02/08/2007
David Carlisle, MD, PhD	Guest – Director of OSHPD	Gov. Schwarzenegger's 2007 health care initiative: Coverage for all?	02/22/2007
Shelley Rouillard	Guest – Program Director, Health Rights Hotline	Consumer experiences with the Sacramento health care system	03/15/2007
Ted Calvert	Guest – Hubbert Systems Consulting	HIPAA Update: Progress, upcoming policies, and implications for the health information technology movement	03/22/2007
Bruce Spurlock, MD	Guest - Chair of the California Hospital Assessment and Reporting Task Force	CHART: The future of hospital outcomes reporting in California	03/29/2007
Joan Epstein	Guest – Research Scientist, Department of Health Services	Patterns of alcohol and cigarette use by persons with clinically significant symptoms of depression	04/26/2007

Presenter	Company Represented	Presentation	Date
Craig Cornett, MPA	Guest – Budget and Fiscal Director, Office of the Speaker of the Assembly	Paying for expanded health care coverage: Challenges and opportunities	05/03/2007
Kiersten Israel- Ballard, MPH	Guest – UC Berkeley School of Public Health	Heat-treated breast milk: a potential method to reduce infant morbidity and mother-to-child transmission of HIV in developing countries	05/10/2007

UCD Faculty, Student and Staff Presenters

Presenter	Department Represented	Presentation	Date
John Robbins, MD, MHS	Department of Internal Medicine	New Algorithm for 5 year prediction of hip fracture in post menopausal women	09/07/2006
Jann Murray- Garcia, MD, MPH	Post-doctorate Fellow	Efficacy outcomes of a youth-led research project addressing racial inequality in schooling in Davis, CA	09/21/2006
Kristen McCleod, MD	PCOR Fellow	Applications of primary care outcomes research in the care of abused and neglected children	09/28/2006
Rose Arellanes, MD	PCOR Fellow	Cancer priorities in the Latino community: an example of community based participatory research	09/28/2006
Beth Yakes, MS, RD	Graduate Student, Department of Epidemiology	A series of public health surveys. Results from the first, lessons from the second	10/12/2006
John Troidl, MBA, PhD	Department of Public Health Sciences	A series of public health surveys. Results from the first, lessons from the second	10/12/2006

Presenter	Department Represented	Presentation	Date
Erin Parker, MPH	Department of Public Health Sciences	A series of public health surveys. Results from the first, lessons from the second	10/12/2006
Yali Bair, PhD	CHSR/PC	Health related propositions on the 2006 ballot	10/19/2006
Jill Joseph, MD, PhD	Department of Pediatrics	Trying to do it better: A randomized trial evaluating a prenatal counseling intervention for low income African American Women	10/26/06
Estella Geraghty, MD	Department of Internal Medicine	Aerial pesticide spraying for West Nile virus mosquito control and the incidence of respiratory complaints in Sacramento County, August 2005	11/02/2006
Jann Murray-Garcia, MD	PCOR Fellow	Racial identity development outcomes among participants in a youth-led research project addressing racial inequality in Schooling in Davis, CA	11/09/2006
Marc Schenker MD, MPH	Department of Public Health Sciences	Immigration, Occupation, Acculturation and Health	11/16/2006
Richard White, MD, FACP	Department of General Medicine	The epidemiology of Thromboembolism in patients with Cancer	11/30/2006
Zhongmin Li, PhD	Department of Internal Medicine	OSHPD Public Reporting Program	12/07/2006
Paul Leigh, PhD	Department of Public Health Sciences	Lifestyle risk factors predict health care costs in an aging cohort	12/14/2006
Joshua J. Fenton, MD, MPH	Department of Family and Community Medicine	Trends in colorectal cancer screening among elderly Americans	01/04/2007

Presenter	Department Represented	Presentation	Date
Michael J. Grabner	Graduate student – Department of Economics	Education and obesity:evidence from compulsory schooling laws	01/18/2007
Douglas Taylor, MD, PhD	Department of Pediatrics	Risk factors for day +100 Mortality: the Pediatric blood and marrow transplant consortium experience	01/25/2007
Peter Franks, MD, BS, MEd	Department of Family and Community Medicine	Reducing Disparities Downstream: Problems and Prospects	02/15/07
Banafsheh Sadeghi, MD	Graduate student – Department of Epidemiology	Factors associated with use of computerized, tailored information on quality of health plans during open enrollment for small business employees in CA	03/01/07
Joshua Breslau, PhD, ScD	Department of Internal Medicine	Immigration and mental health: Recent epidemiological results from the US and Mexico	03/08/2007
Benjamin Rich, JD, PhD	Department of Internal Medicine	Promoting pain relief in patient care: Politics and public policy	04/05/2007
Maher Ghamloush, MD	Department of Internal Medicine	Use of Proton Pump Inhibitors and H2 Blockers in Patients with Clostridium Difficile Associated Diarrhea	04/12/2007
Estella Geraghty, MD	Department of Internal Medicine	Visit Length, Quality, and Satisfaction: An Analysis Using Standardized Patients to Control Clinical Presentation	04/12/2007
Elizabeth Miller, MD, PhD	Department of Pediatrics	A clinic-based survey on adolescent intimate partner violence and sexual health	04/19/2007
Jonathan Ducore, MD, MPH	Department of Pediatrics	Growth abnormalities in children with lymphoid malignancies	05/17/2007

Presenter	Department Represented	Presentation	Date
Joy Melnikow, MD, MPH	Department of Family and Community Medicine	Cancer priorities in the Latino community: Qualitative findings: Results in context	05/24/2007
Jenny Dai Biller, MD, MPH	Department of Obstetrics and Gynecology	HPV Vaccine Implementation Project for California Department of Health Services	05/31/2007
Madan Dharmar	Department of Pediatrics	Quality of care provided to children in rural emergency departments	06/07/2007
Aimee Sisson	Graduate Student, Public Health	Disparities in colorectal screening among Hispanics	06/14/2007
Nicole Bloser	Graduate Student, CHSR/PC	Looking for moderators of treatment effects in the general medicine literature: Room for improvement	06/14/2007
Svetlana Popova, MD	Department of Obstetrics and Gynecology	Overview of former Soviet health care system and common health beliefs of Russian-speaking patients	06/21/2007
Shagufta Yasmeen, MD	Department of Obstetrics and Gynecology	Comorbidities and breast cancer among elderly women	06/28/2007

APPENDIX 5

**UC Davis Center for Health Services Research in Primary Care
Journal Club
Fiscal Year 2006 – 2007**

Date	Journal Article and Title	Presenter
10/12/06	Personal Article	Estella Geraghty, MD
11/09/2006	Cultural competence policies and other predictors of asthma quality for Medicaid insured children	Erik Fernandez y Garcia, MD, MPH
11/30/06	Socioeconomic determinants of health: Community marginalization and the diffusion of disease and disorder in the United States	Jann Murray-Garcia, MD
01/04/07	Health Care Utilization Patterns of Russian Speaking Immigrant Women Across Age Groups	Svetlana Popova, MD
01/18/07	GIS Approaches for the Estimation of Residential-level Ambient PM Concentrations	Estella Geraghty, MD
02/15/07	Strategies for Academic and Clinician Engagement in community-participatory partnered research	Elizabeth Miller, MD., PhD
03/01/07	<u>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</u>	Peter Franks, MD
03/15/07	<u>Coding Algorithms for Defining Comorbidities in ICD-9-CM and ICD-10 Administrative Data</u>	Estella Geraghty, MD
03/29/07	<u>The Institutional Context of Multicultural Education</u>	Jann Murray-Garcia, MD
04/12/07	Efficacy Outcomes of A Youth-Led Research Training Program Addressing Racial Inequality in Schooling in Davis, CA	Jann Murray-Garcia, MD
04/26/07	Efficacy Outcomes of A Youth-Led Research Training Program Addressing Racial Inequality in Schooling in Davis, CA	Jann Murray-Garcia, MD

Date	Journal Article and Title	Presenter
05/10/07	Medical and surgical comanagement after elective hip and knee arthroplasty: a randomized, controlled trial	Estella Geraghty, MD
06/07/07	Do Parenting and the Home Environment, Maternal Depression, Neighborhood and Chronic Poverty Affect Child Behavioral Problems Differently in Different Racial-Ethnic Groups?	Erik Fernandez y Garcia, MD, MPH

APPENDIX 6

**UC Davis Center for Health Services Research in Primary Care
Primary Care Outcomes Research Program (PCOR) Fellows
Fiscal Year 2006-2007**

Name	Affiliated Department	Research Interests	Year of Matriculation
Estella Geraghty, MD	General Medicine	Occupational/ Environmental Public Health Informatics	2005
Jann Murray-Garcia, MD	Postdoctoral Fellow	Policy/Maternal and Child Health/Cultural Issues in Healthcare	2005
Svetlana Popova, MD	Obstetrics and Gynecology	Breast Cancer / Disparities in Health Care	2007
Erik Fernandez y Garcia, MD	Pediatrics	Maternal-child health/healthcare disparities/clinician and patient interaction/quality	2007

APPENDIX 7

UC Davis Center for Health Services Research in Primary Care
PCOR Seminar Series
Fiscal Year 2006-2007

Presenter	Department	Presentation	Date
John Robbins, MD, MHS	Department of Internal Medicine	New Algorithm for 5 year prediction of hip fracture in post menopausal women	09/07/2006
Jann Murray- Garcia, MD, MPH	Post-doctorate Fellow	Efficacy outcomes of a youth- led research project addressing racial inequality in schooling in Davis, CA	09/21/2006
Kristen McCleod, MD	PCOR Fellow	Applications of primary care outcomes research in the care of abused and neglected children	09/28/2006
Rose Arellanes, MD	PCOR Fellow	Cancer priorities in the Latino community: an example of community based participatory research	09/28/2006
Dan Carson	Guest – CA Legislative Analyst's Office	California's continuing budget situation and the major health policy bills	10/05/2006

Presenter	Department	Presentation	Date
Beth Yakes, MS, RD	Graduate Student, Department of Epidemiology	A series of public health surveys. Results from the first, lessons from the second	10/12/2006
John Troidl, MBA, PhD	Department of Public Health Sciences	A series of public health surveys. Results from the first, lessons from the second	10/12/2006
Erin Parker, MPH	Department of Public Health Sciences	A series of public health surveys. Results from the first, lessons from the second	10/12/2006
Yali Bair, PhD	CHSR/PC	Health related propositions on the 2006 ballot	10/19/2006
Jill Joseph, MD, PhD	Department of Pediatrics	Trying to do it better: A randomized trial evaluating a prenatal counseling intervention for low income African American Women	10/26/06
Estella Geraghty, MD	Department of Internal Medicine	Aerial pesticide spraying for West Nile virus mosquito control and the incidence of respiratory complaints in Sacramento County, August 2005	11/02/2006

Presenter	Department	Presentation	Date
Jann Murray-Garcia, MD	PCOR Fellow	Racial identity development outcomes among participants in a youth-led research project addressing racial inequality in Schooling in Davis, CA	11/09/2006
Marc Schenker MD, MPH	Department of Public Health Sciences	Immigration, Occupation, Acculturation and Health	11/16/2006
Richard White, MD, FACP	Department of General Medicine	The epidemiology of Thromboembolism in patients with Cancer	11/30/2006
Zhongmin Li, PhD	Department of Internal Medicine	OSHPD Public Reporting Program	12/07/2006
Paul Leigh, PhD	Department of Public Health Sciences	Lifestyle risk factors predict health care costs in an aging cohort	12/14/2006
Joshua J. Fenton, MD, MPH	Department of Family and Community Medicine	Trends in colorectal cancer screening among elderly Americans	01/04/2007
Michael J. Grabner	Graduate student – Department of Economics	Education and obesity:evidence from compulsory schooling laws	01/18/2007

Presenter	Department	Presentation	Date
Douglas Taylor, MD, PhD	Department of Pediatrics	Risk factors for day +100 Mortality: the Pediatric blood and marrow transplant consortium experience	01/25/2007
Feng Zeng, PhD	Guest – Thomson Medstat	Does competition among HMO plans improve quality of care?	02/01/2007
Rafael E. Diaz, PhD	Guest – CSUS Department of Statistics	Comparison of two estimation techniques of hierarchical logistic models in cluster randomized designs with dichotomous outcomes	02/08/2007
Peter Franks, MD, BS, MSED	Department of Family and Community Medicine	Reducing Disparities Downstream: Problems and Prospects	02/15/07
David Carlisle, MD, PhD	Guest – Director of OSHPD	Gov. Schwarzenegger's 2007 health care initiative: Coverage for all?	02/22/2007
Banafsheh Sadeghi, MD	Graduate student – Department of Epidemiology	Factors associated with use of computerized, tailored information on quality of health plans during open enrollment for small business employees in CA	03/01/07

Presenter	Department	Presentation	Date
Joshua Breslau, PhD, ScD	Department of Internal Medicine	Immigration and mental health: Recent epidemiological results from the US and Mexico	03/08/2007
Shelley Rouillard	Guest – Program Director, Health Rights Hotline	Consumer experiences with the Sacramento health care system	03/15/2007
Ted Calvert	Guest – Hubbert Systems Consulting	HIPAA Update: Progress, upcoming policies, and implications for the health information technology movement	03/22/2007
Bruce Spurlock, MD	Guest - Chair of the California Hospital Assessment and Reporting Task Force	CHART: The future of hospital outcomes reporting in California	03/29/2007
Benjamin Rich, JD, PhD	Department of Internal Medicine	Promoting pain relief in patient care: Politics and public policy	04/05/2007
Maher Ghamloush, MD	Department of Internal Medicine	Use of Proton Pump Inhibitors and H2 Blockers in Patients with Clostridium Difficile Associated Diarrhea	04/12/2007
Estella Geraghty, MD	Department of Internal Medicine	Visit Length, Quality, and Satisfaction: An Analysis Using Standardized Patients to Control Clinical Presentation	04/12/2007

Presenter	Department	Presentation	Date
Elizabeth Miller, MD, PhD	Department of Pediatrics	A clinic-based survey on adolescent intimate partner violence and sexual health	04/19/2007
Joan Epstein	Guest – Research Scientist, Department of Health Services	Patterns of alcohol and cigarette use by persons with clinically significant symptoms of depression	04/26/2007
Craig Cornett, MPA	Guest – Budget and Fiscal Director, Office of the Speaker of the Assembly	Paying for expanded health care coverage: Challenges and opportunities	05/03/2007
Kiersten Israel- Ballard, MPH	Guest – UC Berkeley School of Public Health	Heat-treated breast milk: a potential method to reduce infant morbidity and mother-to- child transmission of HIV in developing countries	05/10/2007
Jonathan Ducore, MD, MPH	Department of Pediatrics	Growth abnormalities in children with lymphoid malignancies	05/17/2007
Joy Melnikow, MD, MPH	Department of Family and Community Medicine	Cancer priorities in the Latino community: Qualitative findings: Results in context	05/24/2007
Jenny Dai Biller, MD, MPH	Department of Obstetrics and Gynecology	HPV Vaccine Implementation Project for California Department of Health Services	05/31/2007

Presenter	Department	Presentation	Date
Madan Dharmar	Department of Pediatrics	Quality of care provided to children in rural emergency departments	06/07/2007
Aimee Sisson	Graduate Student, Public Health	Disparities in colorectal screening among Hispanics	06/14/2007
Nicole Bloser	Graduate Student, CHSR/PC	Looking for moderators of treatment effects in the general medicine literature: Room for improvement	06/14/2007
Svetlana Popova, MD	Department of Obstetrics and Gynecology	Overview of former Soviet health care system and common health beliefs of Russian-speaking patients	06/21/2007
Shagufta Yasmeen, MD	Department of Obstetrics and Gynecology	Comorbidities and breast cancer among elderly women	06/28/2007

APPENDIX 8

UC Davis Center for Health Services Research in Primary Care Listing of Students Involved in Center Research Projects Fiscal Year 2006 - 2007

Graduate Students

Student	Project worked on
Jill Bakehorn	Social Influences on Practice
Banafsheh Sadeghi	INQUIRE and ARHQ Support for Quality Indicators
Madan Dharmar	OPA Project
Camille Cipri	Social Influences on Practice, Breast Cancer Experience in Slavic Women

Undergraduate Students

Jackie Chisholm	WARFDOCS
Elizabeth Gerigan	Administrative Projects
Thuan Ho*	HIV/ Substance Abuse Prevention
Ryan Honomichil	Pediatric Intensive Care Unit Project
Sheila Krishnan	Social Influences on Practice
Mira Lalchandani	Patient Coaching for Care of Cancer Pain
Thuan Le	The See It Project
Mira Lalchandani	Patient Coaching for Care of Cancer Pain
My Linh Vo	The See It Project

* Volunteers

APPENDIX 9

UC Davis Center for Health Services Research in Primary Care Publication List Fiscal Year 2006 – 2007

(Names of current and former Center for Health Services Faculty and Staff have been underlined)

[Determinants of Physician Discussion Regarding Tobacco and Alcohol Abuse.](#) Bertakis KD, Azari R. *The Journal of Health Communication* 2007; 12:513-525.

[Association between obesity and patient satisfaction.](#) Fong RL, Bertakis KD, Franks P. *Obesity (Silver Spring)*. 2006 Aug;14(8):1402-11.

[Assessing resident's knowledge and communication skills using four different evaluation tools.](#) Nuovo J, Bertakis KD, Azari R. *Med Educ*. 2006 Jul;40(7):630-6.

[Do personal and societal preferences differ by socio-demographic group?](#) Franks P, Lubetkin EI, Melnikow J. *Health Econ*, 2007 Mar;16(3):319-25.

[Chemoprevention: drug pricing and mortality: the case of tamoxifen](#) Melnikow J, Kuenneth C, Helms LJ, Barnato A, Kuppermann M, Birch S, Nuovo J. *Cancer*, 2006 Sep 1;107(5):950-8.

[Comparison of Sexual and Drug Use Behaviors Between Female Sex Workers in Tijuana and Ciudad Juarez, Mexico.](#) Patterson TL, Semple SJ, Fraga M, Bucardo J, de la Torre A, Salazar J, Orozovich P, Staines H, Amaro H, Magis-Rodríguez C, Strathdee SA. *Substance Use and Misuse*. 2006;41(10-12):1535-49.

[Let's not talk about it: suicide inquiry in primary care.](#) Feldman MD, Franks P, Duberstein PR, Vannoy S, Epstein R, Kravitz RL. *Annals of Family Medicine*. 2007 Sep-Oct;5(5):412-8.

[Does providing cost-effectiveness information change coverage priorities for citizens acting as social decision makers?](#) Gold MR, Franks P, Siegelberg T, Sofaer S. *Health Policy*. 2007 Sep;83(1):65-72. Epub 2007 Jan 3.

[Changes in health care expenditure associated with gaining or losing health insurance.](#) Ward L, Franks P. *Ann Intern Med*. 2007 Jun 5;146(11):768-74.

[Effects of a tailored interactive multimedia computer program on determinants of colorectal cancer screening: a randomized controlled pilot study in physician offices.](#) Jerant A, Kravitz RL, Rooney M, Amerson S, Kreuter M, Franks P. *Patient Educ Couns*. 2007 Apr;66(1):67-74. Epub 2006 Dec 6.

[Ratings of physician communication by real and standardized patients.](#) Fiscella K, Franks P, Srinivasan M, Kravitz RL, Epstein R. *Ann Fam Med*. 2007 Mar-Apr;5(2):151-8.

[Exploring and validating patient concerns: relation to prescribing for depression.](#) Epstein RM, Shields CG, Franks P, Meldrum SC, Feldman M, Kravitz RL. *Ann Fam Med*. 2007 Jan-Feb;5(1):21-8.

[Emergency management guidelines for telepsychiatry.](#) Shore JH, Hilty DM, Yellowlees P. *General Hospital Psychiatry*. 2007 May-Jun;29(3):199-206.

[Rural Versus Suburban Primary Care Needs, Utilization, and Satisfaction With Telepsychiatric Consultation.](#) Hilty DM, Nesbitt TS, Kuenneth CA, Cruz GM, Hales RE. *Journal of Rural Health*. 2007 Spring;23(2):163-5.

[The e-Mental Health Consultation Service: providing enhanced primary-care mental health services through telemedicine.](#) Neufeld JD, Yellowlees PM, Hilty DM, Cobb H, Bourgeois JA. *Psychosomatics*. 2007 Mar-Apr;48(2):135-41.

[Cigarette Prices, Smoking, and the Poor: Implications of Recent Trends.](#) Franks P, Jerant AF, Leigh JP, Lee D, Chiem A, Lewis I, Lee S. *American Journal of Public Health*. 2007; 97: 1873-1877.

[Telemonitoring for patients with chronic heart failure: a systematic review.](#) Chaudhry SI, Phillips CO, Stewart SS, Riegel B, Mattera JA, Jerant AF, Krumholz HM. *Journal of Cardiac Failure*. 2007 Feb;13(1):56-62.

[Diffusion of surgical techniques in early stage breast cancer: variables related to adoption and implementation of sentinel lymph node biopsy.](#) Vanderveen KA, Paterniti DA, Kravitz RL, Bold RJ. *Ann Surg Oncol*. 2007 May;14(5):1662-9. Epub 2007 Feb 7.

[Can patient coaching reduce racial/ethnic disparities in cancer pain control? Secondary analysis of a randomized controlled trial.](#) Kalauokalani D, Franks P, Oliver JW, Meyers FJ, Kravitz RL. *Pain Med*. 2007 Jan-Feb;8(1):17-24.

[Caught in the act? Prevalence, predictors, and consequences of physician detection of unannounced standardized patients.](#) Franz CE, Epstein R, Miller KN, Brown A, Song J, Feldman M, Franks P, Kelly-Reif S, Kravitz RL. *Health Serv Res*. 2006 Dec;41(6):2290-302.

[Do patient requests for antidepressants enhance or hinder physicians' evaluation of depression? A randomized controlled trial.](#) Feldman MD, Franks P, Epstein RM, Franz CE, Kravitz RL. *Med Care*. 2006 Dec;44(12):1107-13.

[Connoisseurs of care? Unannounced standardized patients' ratings of physicians.](#) Srinivasan M, Franks P, Meredith LS, Fiscella K, Epstein RM, Kravitz RL. *Med Care*. 2006 Dec;44(12):1092-8.

[Physician communication about the cost and acquisition of newly prescribed medications.](#) Tarn DM, Paterniti DA, Heritage J, Hays RD, Kravitz RL, Wenger NS. *Am J Manag Care*. 2006 Nov;12(11):657-64

[Costs differences across demographic groups and types of occupational injuries and illnesses.](#) Leigh JP, Waehrer G, Miller TR, McCurdy SA. *Am J Ind Med.* 2006 Oct;49(10):845-53

[Alcohol consumption, bone density, and hip fracture among older adults: the cardiovascular health study.](#) Mukamal KJ, Robbins JA, Cauley JA, Kern LM, Siscovick DS. *Osteoporos Int.* 2007 May;18(5):593-602. Epub 2007 Feb 21

[Adjusted mortality after hip fracture: From the cardiovascular health study.](#) Robbins JA, Biggs ML, Cauley J. *J Am Geriatr Soc.* 2006 Dec;54(12):1885-91

[Medication Errors Among Acutely Ill and Injured Children Treated in Rural Emergency Departments.](#) Marcin JP, Dharmar M, Cho M, Seifert LL, Cook JL, Cole SL, Nasrollahzadeh F, Romano PS. *Ann Emerg Med.* 2007 Apr 10; [Epub ahead of print]

[Tracking rates of Patient Safety Indicators over time: lessons from the Veterans Administration.](#) Rosen AK, Zhao S, Rivard P, Loveland S, Montez-Rath ME, Elixhauser A, Romano PS. *Med Care.* 2006 Sep;44(9):850-61

[Incidence of cervical cytological abnormalities with aging in the women's health initiative: a randomized controlled trial.](#) Yasmeen S, Romano PS, Pettinger M, Johnson SR, Hubbell FA, Lane DS, Hendrix SL.

[Independent review of interstitial lung disease associated with death in TRIBUTE \(paclitaxel and carboplatin with or without concurrent erlotinib\) in advanced non-small cell lung cancer.](#) Yoneda KY, Shelton DK, Beckett LA, Gandara DR. *J Thorac Oncol.* 2007 Jun;2(6):537-43.

[A practical guide to ACR MRI accreditation.](#) Bell RA. *Radiol Manage.* 2007 Sep-Oct;29(5):58-62.

[Types of information physicians provide when prescribing antidepressants.](#) Young HN, Bell RA, Epstein RM, Feldman MD, Kravitz RL. *J Gen Intern Med.* 2006 Nov;21(11):1172-7.

[Development and validation of the Rapid Estimate of Adolescent Literacy in Medicine \(REALM-Teen\): a tool to screen adolescents for below-grade reading in health care settings.](#) Davis TC, Wolf MS, Arnold CL, Byrd RS, Long SW, Springer T, Kennen E, Bocchini JA. *Pediatrics.* 2006 Dec;118(6):e1707-14.

[Urban asthma.](#) Byrd RS, Joad JP. *Curr Opin Pulm Med.* 2006 Jan;12(1):68-74. Review.

[Strategies to reduce HIV risk behavior in HIV primary care clinics: brief provider messages and specialist intervention.](#) Callahan EJ, Flynn NM, Kuenneth CA, Enders SR. *AIDS Behav.* 2007 Sep;11(5 Suppl):S48-57. Epub 2007 Jan 5. Review.

[Achieving analgesia for painful ulcers using topically applied morphine gel.](#) Tran QN, Fancher T. J Support Oncol. 2007 Jun;5(6):289-93. No abstract available.

[In the clinic. Depression.](#) Fancher T, Kravitz R. Ann Intern Med. 2007 May 1;146(9):ITC5-1-ITC5-16. Review. No abstract available.

[Frequency and priority of pain patients' health care use.](#) Von Korff M, Lin EH, Fenton JJ, Saunders K. Clin J Pain. 2007 Jun;23(5):400-8.

[Influence of computer-aided detection on performance of screening mammography.](#) Fenton JJ, Taplin SH, Carney PA, Abraham L, Sickles EA, D'Orsi C, Berns EA, Cutter G, Hendrick RE, Barlow WE, Elmore JG. N Engl J Med. 2007 Apr 5;356(14):1399-409.

[Delivery of cancer screening: how important is the preventive health examination?](#) Fenton JJ, Cai Y, Weiss NS, Elmore JG, Pardee RE, Reid RJ, Baldwin LM. Arch Intern Med. 2007 Mar 26;167(6):580-5.

[Specificity of clinical breast examination in community practice.](#) Fenton JJ, Rolnick SJ, Harris EL, Barton MB, Barlow WE, Reisch LM, Herrinton LJ, Geiger AM, Fletcher SW, Elmore JG. J Gen Intern Med. 2007 Mar;22(3):332-7.

[Variation in reported safety of lumbar interbody fusion: influence of industrial sponsorship and other study characteristics.](#) Fenton JJ, Mirza SK, Lahad A, Stern BD, Deyo RA. Spine. 2007 Feb 15;32(4):471-80.

[Bringing geriatricians to the front lines: evaluation of a quality improvement intervention in primary care.](#) Fenton JJ, Levine MD, Mahoney LD, Heagerty PJ, Wagner EH. J Am Board Fam Med. 2006 Jul-Aug;19(4):331-9.

[Reality check: perceived versus actual performance of community mammographers.](#) Fenton JJ, Egger J, Carney PA, Cutter G, D'Orsi C, Sickles EA, Fosse J, Abraham L, Taplin SH, Barlow W, Hendrick RE, Elmore JG. AJR Am J Roentgenol. 2006 Jul;187(1):42-6.

[Insulin resistance and inflammation as precursors of frailty: the Cardiovascular Health Study.](#) Barzilay JI, Blaum C, Moore T, Xue QL, Hirsch CH, Walston JD, Fried LP. Arch Intern Med. 2007 Apr 9;167(7):635-41.

[Inflammation biomarkers and near-term death in older men.](#) Jenny NS, Yanez ND, Psaty BM, Kuller LH, Hirsch CH, Tracy RP. Am J Epidemiol. 2007 Mar 15;165(6):684-95. Epub 2007 Jan 10.

[The association of alcohol consumption and incident heart failure: the Cardiovascular Health Study.](#) Bryson CL, Mukamal KJ, Mittleman MA, Fried LP, Hirsch CH, Kitzman DW, Siscovick DS. J Am Coll Cardiol. 2006 Jul 18;48(2):305-11. Epub 2006 Jun 22.

[Feasibility of expanding services for very young children in the public mental health setting.](#) Knapp PK, Ammen S, Arstein-Kerslake C, Poulsen MK, Mastergeorge A. J Am Acad Child Adolesc Psychiatry. 2007 Feb;46(2):152-61.

[Child sociodemographic characteristics and common psychiatric diagnoses in medicaid encounter data: are they valid?](#) Knapp PK, Hurlburt MS, Kostello EC, Ladd H, Tang L, Zima BT. J Behav Health Serv Res. 2006 Oct;33(4):444-52.

[Young men were at risk of becoming lost to follow-up in a cohort of head-injured adults.](#) Edwards P, Fernandes J, Roberts I, [Kuppermann N](#). J Clin Epidemiol. 2007 Apr;60(4):417-24. Epub 2007 Feb 5.

[Risk factors for traumatic or unsuccessful lumbar punctures in children.](#) Nigrovic LE, [Kuppermann N](#), Neuman MI. Ann Emerg Med. 2007 Jun;49(6):762-71. Epub 2007 Feb 23.

[Clinical prediction rule for identifying children with cerebrospinal fluid pleocytosis at very low risk of bacterial meningitis.](#) Nigrovic LE, [Kuppermann N](#), Macias CG, Cannavino CR, Moro-Sutherland DM, Schremmer RD, Schwab SH, Agrawal D, Mansour KM, Bennett JE, Katsogridakis YL, Mohseni MM, Bulloch B, Steele DW, Kaplan RL, Herman MI, Bandyopadhyay S, Dayan P, Truong UT, Wang VJ, Bonsu BK, Chapman JL, Kanegaye JT, Malley R; Pediatric Emergency Medicine Collaborative Research Committee of the American Academy of Pediatrics. JAMA. 2007 Jan 3;297(1):52-60.

[Pediatric head trauma: changes in use of computed tomography in emergency departments in the United States over time.](#) Blackwell CD, Gorelick M, Holmes JF, Bandyopadhyay S, [Kuppermann N](#). Ann Emerg Med. 2007 Mar;49(3):320-4. Epub 2006 Dec 4.

[Epidemiology of a pediatric emergency medicine research network: the PECARN Core Data Project.](#) Alpern ER, Stanley RM, Gorelick MH, Donaldson A, Knight S, Teach SJ, Singh T, Mahajan P, Goepf JG, [Kuppermann N](#), Dean JM, Chamberlain JM; Pediatric Emergency Care Applied Research Network. Pediatr Emerg Care. 2006 Oct;22(10):689-99.

[Loperamide therapy for acute diarrhea in children: systematic review and meta-analysis.](#) Li ST, Grossman DC, Cummings P. PLoS Med. 2007 Mar 27;4(3):e98.

[Administrative versus clinical data for coronary artery bypass graft surgery report cards: the view from California.](#) Parker JP, [Li Z](#), Damberg CL, Danielsen B, Carlisle DM. Med Care. 2006 Jul;44(7):687-95.

[Readers' responses and authors' replies to "healthcare and the hospital chaplain".](#) Loewy RS, [Loewy EH](#). MedGenMed. 2007 Jun 20;9(2):62. No abstract available. Erratum in: MedGenMed. 2007;9(2):following 62.

[Healthcare and the hospital chaplain.](#) Loewy RS, [Loewy EH](#). MedGenMed. 2007 Mar 14;9(1):53.

[Healthcare systems and motivation.](#) Loewy EH. MedGenMed. 2007 Feb 28;9(1):41.

[Oaths for physicians--necessary protection or elaborate hoax?](#) Loewy EH. MedGenMed. 2007 Jan 10;9(1):7.

[Review of the acuity scoring systems for the pediatric intensive care unit and their use in quality improvement.](#) Marcin JP, Pollack MM. J Intensive Care Med. 2007 May-Jun;22(3):131-40. Review.

[Golden hours wasted: the human cost of intensive care unit and emergency department inefficiency.](#) Gregory CJ, Marcin JP. Crit Care Med. 2007 Jun;35(6):1614-5. No abstract available.

[Inaugural paediatric telehealth colloquium.](#) Parsapour K, Smith AC, Armfield N, Marcin JP. J Telemed Telecare. 2007;13(3):159-61. No abstract available.

[Case volume and mortality in pediatric cardiac surgery patients in California, 1998-2003.](#) Bazzani LG, Marcin JP. Circulation. 2007 May 22;115(20):2652-9. Epub 2007 May 7.

[Effect of thoracolumbosacral orthoses on reachable workspace volumes in children with spinal cord injury.](#) Sison-Williamson M, Bagley A, Hongo A, Vogel LC, Mulcahey MJ, Betz RR, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S184-91.

[Impact of prophylactic thoracolumbosacral orthosis bracing on functional activities and activities of daily living in the pediatric spinal cord injury population.](#) Chafetz RS, Mulcahey MJ, Betz RR, Anderson C, Vogel LC, Gaughan JP, Odel MA, Flanagan A, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S178-83.

[Development and pilot test of the shriners pediatric instrument for neuromuscular scoliosis \(SPNS\): a quality of life questionnaire for children with spinal cord injuries.](#) Hunter L, Molitor F, Chafetz RS, Mulcahey MJ, Vogel LC, Betz RR, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S150-7.

[Metabolic syndrome in adolescents with spinal cord dysfunction.](#) Nelson MD, Widman LM, Abresch RT, Stanhope K, Havel PJ, Styne DM, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S127-39.

[Behavioral intervention, exercise, and nutrition education to improve health and fitness \(BENEFIT\) in adolescents with mobility impairment due to spinal cord dysfunction.](#) Liusuwan RA, Widman LM, Abresch RT, Johnson AJ, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S119-26.

[Body composition and resting energy expenditure in patients aged 11 to 21 years with spinal cord dysfunction compared to controls: comparisons and relationships among the groups.](#)

Liusuwan RA, Widman LM, Abresch RT, Styne DM, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S105-11.

[Body mass index and body composition measures by dual x-ray absorptiometry in patients aged 10 to 21 years with spinal cord injury.](#) McDonald CM, Abresch-Meyer AL, Nelson MD, Widman LM. J Spinal Cord Med. 2007;30 Suppl 1:S97-104.

[Aerobic fitness and upper extremity strength in patients aged 11 to 21 years with spinal cord dysfunction as compared to ideal weight and overweight controls.](#) Widman LM, Abresch RT, Styne DM, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S88-96.

[Depression in adults who sustained spinal cord injuries as children or adolescents.](#) Anderson CJ, Vogel LC, Chlan KM, Betz RR, McDonald CM. J Spinal Cord Med. 2007;30 Suppl 1:S76-82.

[Reliability of radiographic parameters in neuromuscular scoliosis.](#) Gupta MC, Wijesekera S, Sossan A, Martin L, Vogel LC, Boakes JL, Lerman JA, McDonald CM, Betz RR. Spine. 2007 Mar 15;32(6):691-5.

[Challenges in drug development for muscle disease: a stakeholders' meeting.](#) Mendell JR, Csimma C, McDonald CM, Escolar DM, Janis S, Porter JD, Hesterlee SE, Howell RR. Muscle Nerve. 2007 Jan;35(1):8-16.

[Effectiveness of an upper extremity exercise device integrated with computer gaming for aerobic training in adolescents with spinal cord dysfunction.](#) Widman LM, McDonald CM, Abresch RT. J Spinal Cord Med. 2006;29(4):363-70.

[Redesigning training for internal medicine.](#) Fitzgibbons JP, Meyers FJ. Ann Intern Med. 2006 Dec 5;145(11):865-6; author reply 866. No abstract available.

[Endoscopic ultrasound-guided celiac plexus neurolysis for pancreatic cancer pain: a single-institution experience and review of the literature.](#) Tran QN, Urayama S, Meyers FJ. J Support Oncol. 2006 Oct;4(9):460-2, 464; discussion 463-4. Review.

[Frequency distribution of cytochrome P450 3A4 gene polymorphism in ethnic populations and in transplant recipients.](#) Zhou X, Barber WH, Moore CK, Tee LY, Aru G, Harrison S, Mangilog B, McDaniel DO. Res Commun Mol Pathol Pharmacol. 2006;119(1-6):89-104.

[Attentional control and brain metabolite levels in methamphetamine abusers.](#) Salo R, Nordahl TE, Natsuaki Y, Leamon MH, Galloway GP, Waters C, Moore CD, Buonocore MH. Biol Psychiatry. 2007 Jun 1;61(11):1272-80. Epub 2006 Nov 9.

[Hepatitis C videoconferencing: the impact on continuing medical education for rural healthcare providers.](#) Rossaro L, Tran TP, Ransibrahmanakul K, Rainwater JA, Csik G, Cole SL, Prosser CC, Nesbitt TS. Telemed J E Health. 2007 Jun;13(3):269-77.

[Islam and infant feeding.](#) Shaikh U, Ahmed O. Breastfeed Med. 2006 Autumn;1(3):164-7.

[Breast augmentation and breastfeeding: knowledge and practices of surgeons in Las Vegas, Nevada.](#) Shaikh U, Sigman-Grant M. J Plast Reconstr Aesthet Surg. 2006;59(4):434-6. No abstract available.

[Potential application of urea-derived herbicides as cytokinins in plant tissue culture.](#) Srinivasan M, Nachiappan V, Rajasekharan R. J Biosci. 2006 Dec;31(5):599-605.

[Autonomic involvement in the permanent metabolic programming of hyperinsulinemia in the high-carbohydrate rat model.](#) Mitrani P, Srinivasan M, Dodds C, Patel MS. Am J Physiol Endocrinol Metab. 2007 May;292(5):E1364-77. Epub 2007 Jan 16.

[Comparing problem-based learning with case-based learning: effects of a major curricular shift at two institutions.](#) Srinivasan M, Wilkes M, Stevenson F, Nguyen T, Slavin S. Acad Med. 2007 Jan;82(1):74-82.

[Role of the autonomic nervous system in the development of hyperinsulinemia by high-carbohydrate formula feeding to neonatal rats.](#) Mitrani P, Srinivasan M, Dodds C, Patel MS. Am J Physiol Endocrinol Metab. 2007 Apr;292(4):E1069-78. Epub 2006 Dec 12.

[Electronic medical records and their impact on resident and medical student education.](#) Keenan CR, Nguyen HH, Srinivasan M. Acad Psychiatry. 2006 Nov-Dec;30(6):522-7. Review.

[Assessment of clinical skills using simulator technologies.](#) Srinivasan M, Hwang JC, West D, Yellowlees PM. Acad Psychiatry. 2006 Nov-Dec;30(6):505-15. Review.

[Visualizing the future: technology competency development in clinical medicine, and implications for medical education.](#) Srinivasan M, Keenan CR, Yager J. Acad Psychiatry. 2006 Nov-Dec;30(6):480-90.

[Epidemiology of venous thromboembolism in 9489 patients with malignant glioma.](#) Semrad TJ, O'Donnell R, Wun T, Chew H, Harvey D, Zhou H, White RH. J Neurosurg. 2007 pr;106(4):601-8.

[Co-morbidity is a strong predictor of early death and multi-organ system failure among patients with acute pancreatitis.](#) Frey C, Zhou H, Harvey D, White RH. J Gastrointest Surg. 2007 Jun;11(6):733-42.

[Venous thromboembolism in ovarian cancer.](#) Rodriguez AO, Wun T, Chew H, Zhou H, Harvey D, White RH. Gynecol Oncol. 2007 Jun;105(3):784-90. Epub 2007 Apr 6.

[Fixed-dose, weight-adjusted, unfractionated heparin was as effective and safe as low-molecular-weight heparin for venous thromboembolism.](#) White RH. ACP J Club. 2007 Jan-Feb;146(1):1. No abstract available.

[Incidence of venous thromboembolism and the impact on survival in breast cancer patients.](#)

Chew HK, Wun T, Harvey DJ, Zhou H, White RH. J Clin Oncol. 2007 Jan 1;25(1):70-6.

[The incidence and case-fatality rates of acute biliary, alcoholic, and idiopathic pancreatitis in California, 1994-2001.](#)

Frey CF, Zhou H, Harvey DJ, White RH. Pancreas. 2006 Nov;33(4):336-44.

[Racial and gender differences in the incidence of recurrent venous thromboembolism.](#) White RH,

Dager WE, Zhou H, Murin S. Thromb Haemost. 2006 Sep;96(3):267-73.

[Education about hallucinations using an internet virtual reality system: a qualitative survey.](#)

Yellowles PM, Cook JN. Acad Psychiatry. 2006 Nov-Dec;30(6):534-9.

[Virtual reality, telemedicine, web and data processing innovations in medical and psychiatric education and clinical care.](#) Hilty DM, Alverson DC, Alpert JE, Tong L, Sagduyu K, Boland RJ,

Mostaghimi A, Leamon ML, Fidler D, Yellowles PM. Acad Psychiatry. 2006 Nov-Dec;30(6):528-33. Review.

[The importance of distributed broadband networks to academic biomedical research and education programs.](#) Yellowles PM, Hogarth M, Hilty DM. Acad Psychiatry. 2006 Nov-

Dec;30(6):451-5.

[APA summit on medical student education task force on informatics and technology: steps to enhance the use of technology in education through faculty development, funding and change management.](#) Hilty DM,

Benjamin S, Briscoe G, Hales DJ, Boland RJ, Luo JS, Chan CH, Kennedy RS, Karlinsky H, Gordon DB, Yellowles PM, Yager J. Acad Psychiatry. 2006 Nov-Dec;30(6):444-50.

[Pedagogy and educational technologies of the future.](#) Yellowles PM, Marks S. Acad Psychiatry.

2006 Nov-Dec;30(6):439-41. No abstract available.

[Research recommendations for the american telemedicine association.](#) Krupinski E, Dimmick S,

Grigsby J, Mogel G, Puskin D, Speedie S, Stamm B, Wakefield B, Whited J, Whitten P, Yellowles P. Telemed J E Health. 2006 Oct;12(5):579-89.

[Standards for data collection and monitoring in a telemedicine research network.](#) Yellowles

PW, Harry D. J Telemed Telecare. 2006;12 Suppl 2:S72-6.

[Evolution of telepsychiatry to rural sites: changes over time in types of referral and in primary care providers' knowledge, skills and satisfaction.](#) Hilty DM, Yellowles PM, Nesbitt TS. Gen

Hosp Psychiatry. 2006 Sep-Oct;28(5):367-73.

[Use of secure e-mail and telephone: psychiatric consultations to accelerate rural health service delivery.](#) Hilty DM, Yellowles PM, Cobb HC, Neufeld JD, Bourgeois JA. Telemed J E Health.

2006 Aug;12(4):490-5.

[Telemedicine as a means of delivering cognitive-behavioural therapy to rural and remote mental health clients.](#) Griffiths L, Blignault I, Yellowlees P. J Telemed Telecare. 2006;12(3):136-40.