



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

2001 – 2002 Annual Report

Richard L. Kravitz, MD, MSPH
Professor and Director

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Professor and Associate Director

December 2, 2002

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

ANNUAL REPORT
2001-2002

The University of California Davis Center for Health Services Research in Primary Care has now completed seven years of continuing growth and development. During the initial phase of development and transition, Center efforts were focused on careful building of expertise, experience, and relationships within the University and with outside partners. 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 2001-2002 academic year. This annual report will provide an overview of the activities and accomplishments of the past year.

I. Activities and Accomplishments of Current Academic Year

A. Administrative and Organizational Development

Center Leadership

During this reporting period, the Center's leadership role was shared as Dr. Kravitz completed a 9-month sabbatical away from the Medical Center. During that time, Dr. Callahan assumed responsibility for leading the Center's daily activities as Acting Director. With Dr. Kravitz's return in April, the Center leadership structure returned with Dr. Kravitz as Director and Dr. Callahan as Associate Director.

Reporting Relationships

Dr. Kravitz continues to report to Allan Siefkin, MD (CMO/Executive Director Clinical Affairs Division for UC Davis Medical Group), concerning day-to-day administrative affairs, and to the Vice Chancellor for Research for long-term programmatic affairs.

Center Space

During academic year 2001-2002, the Center occupied approximately 1,400 square feet in Suite 2500 of the Patient Support Services Building (PSSB) located on the UCDCM campus. During this academic year, the Center moved into additional space in the Grange Building where quantitative services and many of the program management functions are performed. The addition of the Grange space has allowed the Center adequate space to perform its activities, but the space filled quickly and further growth is anticipated.

Computing Resources

The Center continues to use Core funds to provide necessary computer upgrades and maintenance for computers used by administrative and research staff. These computers are used to support proposal development, implementation of funded research projects, and data analysis. The Center's computing resources are now located both in the PSSB and in the Grange Building. The original NT server will continue to act as a file and print server within the PSSB. The server

that was originally purchased to be a terminal server was moved to the Grange Building to provide file and print services for faculty and staff at that location. All data stored on the servers is protected by security measures and backed up at regular intervals assuring that confidential data remains secure and intact at all times. Workstations, including those with the greatest computing capabilities, have been moved into the Grange Building for use by research staff including statisticians.

Users at both sites have access to data on the PSSB server and the Grange server. Both servers remain independent; however users in each building have access to data stores at both servers. The Center's two Teleforms workstations have been relocated to the Grange Building and assigned dedicated space. Each Teleforms station is equipped with a scanner and software allowing users to scan survey data directly into a database. This technology also allows web-based and fax data gathering. The software continues to serve as a resource for faculty in facilitating data acquisition and input.

Center Core Faculty And Staff

During the academic year, Center academic staff consisted of a Director (Richard Kravitz, MD, MSPH); an Associate Director (Edward Callahan, PhD); two Clinical Scientists (Peter Franks, MD and Patrick Romano, MD, MPH); an Economist (Paul Leigh, PhD); and a Sociologist (Debra Paterniti, PhD). Dr. Kravitz was away on sabbatical from July 1, 2001 through March 31, 2002. Although Dr. Kravitz was in frequent contact by telephone and email, Dr. Callahan was responsible for day-to-day Center operations.

Prior to leaving for sabbatical, Dr. Kravitz initiated a reorganization of the center structure that involved creation of three semi-autonomous units. In her role as Program Manager, Christine Harlan assumed leadership of the Administrative Unit, consisting of an Administrative Assistant (Penny Barath) and two part-time computer support personnel (Geoff Chang and Kelsey Kennedy). Until her departure for graduate school in medical anthropology at Rice University, Valerie Olson led the Research Management Unit. Finally, in addition to her responsibilities as a center investigator and analyst, Christina Kuenneth agreed to lead the Quantitative Sciences Unit.

The Center research staff has ebbed and flowed depending on the status of extramural grant support, but in general the trajectory has been one of continued growth. The research staff currently includes two statistical programmers, one nurse abstractor, two research coordinators, four post-graduate researchers, and five student interns. To cover projects slated to begin this fall, the Center is now in the process of hiring an additional programmer, two project managers, another abstractor, and several research assistants.

Rahman Azari, PhD has continued as a part-time faculty member with the Center, filling the role of core Center statistician. A faculty member in the Department of Statistics, Dr. Azari assists Center faculty in the development of new research proposals. He maintains regular office hours at the Center to provide limited consultation to faculty members. Depending on funding availability, Dr. Azari also provides assistance on ongoing research projects. In addition, the Center has collaborated closely with the Division of Biostatistics within the Department of Epidemiology and Preventive Medicine, under the leadership of Laurel Beckett, PhD. Dr. Beckett has recruited Danielle Harvey, PhD and Daniel Tancredi to part time Center employment; both have been active statistical consultants and collaborators at the Center.

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. Executive Committee membership for the year 2001-2002 included:

Faculty

Richard L. Kravitz, MD, MSPH
Klea D. Bertakis, MD, MPH

Rahman Azari, PhD
Edward Callahan, PhD

Christiana Drake, PhD
Peter Franks, MD

Nathan Kuppermann, MD, MPH

Paul Leigh, PhD

Joy Melnikow, MD, MPH
Debora A. Paterniti, PhD

John Robbins, MD, MHS
Patrick Romano, MD, MPH

Marc Schenker, MD, MPH

Department

Professor and Center Director, Internal Medicine
Professor and Founding Director, Chair, Family and
Community Medicine

Senior Lecturer, Department of Statistics
Professor and Associate Center Director, Family
and Community Medicine

Associate Professor, Department of Statistics
Professor and Core Center Faculty, Family and
Community Medicine

Associate Professor, Emergency Medicine and
Pediatrics

Professor and Core Center Faculty, Epidemiology
and Preventive Medicine

Professor, Family and Community Medicine
Assistant Adjunct Professor and Core Center
Faculty, General Medicine

Professor, General Medicine

Associate Professor and Core Center Faculty,
General Medicine and Pediatrics

Professor and Chair, Epidemiology and Preventive
Medicine

Faculty Membership In The Center

Membership has reached 74 and stabilized over the past two years. Members include School of Medicine faculty, faculty from other UCD campus schools, 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 50 (68%) from the School of Medicine and 24 (32%) from non-School of Medicine appointments. A list of faculty members is appended in Appendix 1.

Outreach Activities

Intramural Outreach. In ongoing efforts to channel the expertise and enthusiasm of UCD faculty into projects related to its mission, the Center has continued a multi-pronged outreach campaign. The Core Center faculty and staff have played key mentorship roles with junior faculty and post-doctoral fellows, including Anthony Jerant (Family and Community Medicine); James Marcin (Pediatrics); Donald Hilty (Psychiatry); Ladson Hinton (Psychiatry); Jorge Garcia (General Medicine); Shagufta Yasmeen (Medicine/Gynecology); Jonathan Neufeld (Behavioral Health Center/Psychiatry); Malathi Srinivasan (General Medicine); and Caroline Chantry (Pediatrics). In addition, the Center has continued its efforts to introduce faculty in the statistical and social sciences to the excitement of multidisciplinary applied health care research. In 2001-2002, several non-SOM faculty assisted with Center proposals or projects: Robert Bell

(Communication); Wolfgang Polonik (Statistics); Mary Jane Sauve (Center for Nursing Research); Peggy Hodge (Center for Nursing Research); Colin Cameron (Economics); Jay Helms (Economics); and Christiana Drake (Statistics). Bonnie Raingruber and Marlene von-Friederichs-Fitzwater collaborated from faculty appointments at California State University, Sacramento. Dr. Raingruber also holds an appointment in the Center for Nursing Research.

In a very exciting interdisciplinary collaboration this summer, Center members from the Departments of Family and Community Medicine, Internal Medicine, Sociology, Communication, and Statistics prepared a major program-project proposal to the National Cancer Institute. If funded, this \$7.5 million grant will create a Center of Excellence in Cancer Communication for five years.

In recognition of the importance of fostering collaborations between UCD clinicians (who mainly work in Sacramento) and UCD social and statistical scientists (based mainly in Davis), Dr. Callahan has continued his efforts to reach social science faculty from the Davis campus for collaborative research. While the Yolo Causeway remains a barrier to collaboration between the campuses, these efforts will continue. As one means to foster increased interaction, arrangements are underway to broadcast Center conferences to convenient campus locations. In addition, using funds from the Office of the Vice Chancellor for Research, the Center has created the UCD Consortium for Research in Out-of-Hospital Patient Safety (CROPS). The consortium is sponsoring a pilot research awards program open to faculty and post-doctoral scholars campus-wide. In addition, CROPS is holding a major conference on patient safety research on October 30, 2002, at the UCD Medical Center Campus.

Extramural Outreach. The Center continues to grow as a resource for the Medical Center, the University, and the Sacramento region. Drs. Kravitz and Romano have continued to consult periodically with Dr. Siefkin and Mr. Hobde in an effort to assist with Medical Center quality assurance. Drs. Azari and Beckett serve as statistical triage officers, frequently directing medical school faculty and staff to appropriate statistical colleagues. Several Center members remain actively involved in a variety of graduate groups, and graduate students are encouraged to participate in Center research activities. Finally, the Center is involved in a number of community activities. For example, Dr. Romano is a deputy editor of *Medical Care*, a leading health services research journal. Dr. Kravitz is an associate editor of the *WJM* (Western Journal of Medicine).

The Center also seeks to expand its relationships with potential funders including state government agencies and private sector interests. Currently, the Center has contracts with the Office of Statewide Health Planning and Development as well as several sections within the Department of Health Services. In addition, we have undertaken a recent contract with the Department of Managed Care. Working with the Medical Center Development Officer, the Center has participated in proposal development to key foundations in California.

Meetings of External Advisory Board. The purpose of the Board is to provide Center leadership with advice on the direction of its programs. The Board met once during the 2001-2002 academic year with Dr. Franks presenting challenging conceptual and data based analyses of the impact of education on health outcomes. The Board was stimulated into a spirited and focused discussion of ways to pursue education as a potential research and intervention instrument in healthcare. The next meeting is planned for October 7, 2002. Total Board membership remains

stable at thirteen. A list of current Board members is provided as Appendix 2.

B. Research Proposal Development

Providing assistance in the development and submission of new research proposals remains a major objective of the Center. In particular, the Center seeks to help junior faculty members develop their own areas of research. Particular emphasis is placed on helping in the development of proposals to initiate pilot projects as well as full research programs. On the intramural side, the Center this year assisted one faculty member with a proposal to the Health System Research Fund, which was ultimately funded. The Center also submitted 23 proposals to extramural funding agencies including the National Institute on Mental Health, California Department of Managed Health Care, California Department of Health Services, Office of Statewide Health Planning and Development, HRSA, SAMSHA, and AHRQ. Appendix 3 summarizes these and other proposals and indicates their funding status at the time of this writing.

C. Active Research Projects During 2001 - 2002

1. Hospital Nursing Staff Ratios and Quality of Care (PI: Richard Kravitz, MD, MSPH; Patrick Romano, MD, MPH; and Mary Jane Sauve, DNSc, RN)

Center staff continued analytic work in support of the Nurse Staffing Ratio Project sponsored by the California State Department of Health Services. Work in 2001-2002 focused on collection and analysis of survey data from a stratified random sample of 80 California acute care hospitals plus an additional sample of state-operated hospitals. The results included a median nurse:patient ratio of 1 to 5.14 on general medical/surgical units and a projected deficit of 3150-29330 nurse FTEs depending on which interest group proposal is adopted.

2. California Department of Health Services Office of AIDS and ETR Associates Evaluation of Bridge Project (PI: Debora Paterniti, PhD)

The UC Davis Center for Health Services Research in Primary Care is collaborating with ETR Associates (Fred Molitor, PhD, Project PI) on the evaluation of the California Department of Health Services Office of AIDS Bridge Project. Thirteen sites throughout the state, funded by the Office of AIDS Early Intervention Program, will participate in the Bridge Project. Each site has at least one Bridge worker whose duties consist of linking newly diagnosed HIV infected persons to appropriate care and treatment programs, including, but not limited to, the local Early Intervention Program site. Early Intervention Programs offer clients no-charge primary and HIV-related medical care, education, case management, and psychosocial services. As of June 30, 2002, 348 clients had been enrolled in the study from 12 EIP sites. Staff at UC Davis coordinate data collection and monitoring for sites in Riverside, Orange, Los Angeles, San Diego, and Imperial counties.

3. Construct Obstetric Outcomes Data and Reports (OSHPD OB) (PI: Patrick Romano, MD, MPH)

As part of the legislatively mandated California Hospital Outcomes Project, the Office of Statewide Health Planning and Development (OSHPD) has contracted with the Center for Health Services Research in Primary Care to develop a multi-indicator report card on obstetric performance for all California hospitals. Under this contract, the Center is: (1) performing literature reviews to inform the development and risk-adjustment of obstetric quality indicators; (2) performing exploratory analyses using linked patient discharge/birth certificate data to inform the development and risk-adjustment of obstetric quality indicators; (3) advising OSHPD on the potential members of a Clinical Advisory Panel, which will review these analyses and provide advice on the report card methodology; (4) providing technical support to this Clinical Advisory Panel; (5) creating a longitudinal patient-level data set linking antepartum, delivery, and postpartum hospitalizations in California; (6) analyzing postpartum maternal readmission rates and other potential indicators of hospital quality that can be ascertained from administrative data; (7) preparing reports summarizing the results of these analyses; and (8) conducting, interpreting, and responding to cognitive tests involving the target audience(s) for this obstetric report card. The Clinical Advisory Panel was identified and the first meeting was held in August 2002. Literature reviews have been completed, and the analytic work is now underway in preparation for completion of the draft report in June 2003 and public release in December 2003.

4. Improving Palliative Care in Assisted Living (PI: Anthony Jerant, MD; Co-Investigators: Thomas S. Nesbitt, MD, MPH; and Frederick J. Meyers, MD)

This study, funded through a Robert Wood Johnson Foundation Generalist Physician Faculty Scholars Program (RWJF GPFS) award, examines palliative care needs of elders in assisted living. While the palliative care needs of this population have not been well characterized, preliminary data suggests they are substantial and not fully addressed within current care processes. The study will compare the effectiveness of two facility-based interventions for assessing and addressing elders' palliative care needs. The study hypothesis is that, compared to the one-time intervention, a longitudinal intervention will result in significantly greater improvements in health status, symptoms, mood, rates of "aging in place," and concordance between values and end of life care.

Volunteer residents of two closely matched assisted living facilities for elders are being offered enrollment in the study. A two-part, on-site baseline physician assessment is conducted for each subject. From findings at the baseline assessment, we provide recommendations for palliative care improvement to the resident, family members and legal proxies, facility staff, and primary provider. Subsequently, residents at Facility 1 receive identical assessments every three months, with further recommendations provided as indicated. By contrast, residents at Facility 2 receive abbreviated evaluations every three months to track outcomes, and no further formal care recommendations are provided.

To date, 74 subjects have enrolled, with a mean age of 85. Enrollment will continue through Spring 2004; 120-150 subjects will eventually be enrolled. We completed a planned interim data analysis in July 2002 and submitted two journal manuscripts summarizing our findings in September 2002. We will also present our interim findings at the North American Primary Care Research Group and RWJF GPFSP annual meetings this winter.

5. *Pediatric Emergency Care Applied Research Network (PECARN) (PI: Nathan Kupperman, MD, MPH)*

Funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA), the goal of this network is to conduct high priority multi-institutional research into the prevention and management of acute illnesses and injuries in children and youth of all ages.

PECARN, comprised of four regional multi-institutional nodes and a coordinating data center, is the first federally-funded pediatric emergency medicine research network. In PECARN, each node works collaboratively with the others and with MCHB/HRSA to initiate, implement, and administer network research. The four Regional Nodal Centers, one center being the UC Davis Medical Center (UCDMC), and their 24 Hospital Emergency Department Affiliates, five within the UCDMC node, serve approximately 840,000 acutely ill and injured children every year. These HEDAs represent academic, community, urban, rural, general, and children's hospitals across the United States.

PECARN performs meaningful and rigorous multi-institutional research across the continuum of emergency medicine health care delivery for children and youth. We work with diverse demographic populations and across varied geographical regions to promote the health of children in all phases of care. To accomplish these tasks PECARN provides the leadership and infrastructure needed to promote multi-center studies, support research collaboration among EMSC investigators, and encourage informational exchanges between EMSC investigators and providers.

6. *California Department of Health Services Office of AIDS and ETR Associates Evaluation of HIV Transmission Prevention Project (HTPP) (PI: Christina Kuenneth, MPH)*

The UC Davis Center for Health Services Research in Primary Care is carrying out a subcontract with ETR Associates (Fred Molitor, PhD, Project PI) to assist with the evaluation of the California Department of Health Services Office of AIDS HIV Transmission Prevention Project (HTPP). Ten sites throughout the state, funded by the Office of AIDS Early Intervention Program (EIP), are participating in HTPP. Each site has at least one Risk Reduction Specialist (RRS) who provides one-on-one or group counseling and assistance with program referrals and linkages to HIV care and treatment. Counseling, as a subcomponent of the intervention, focuses on the tenets of Harm Reduction Theory. This approach allows RRSs and clients to negotiate a plan for reducing high-risk behaviors based on small, incremental steps toward behavior change. As of July 2002, 370 clients had been recruited for HTPP. Of the 225 who have enrolled in the evaluation, 30% have completed risk assessment questionnaires at six-months follow-up. Staff at UC Davis coordinate data collection and monitoring for sites in Los Angeles, Long Beach, Fresno, Santa Cruz, and Santa Clara.

7. *Independent Medical Review (IMR) Information Outreach (PI: Edward J. Callahan, PhD)*

Funded by the Department of Managed Health Care (DMHC) this contract provides for Center researchers to serve as consultants to DMHC. The goal of this project is to provide IMR information to physicians, patients, and other interested parties while monitoring and evaluating the DMHC outreach efforts. This will allow DMHC to plan their outreach efforts based on gathered and evaluated program information.

8. Information about Quality in a Randomized Evaluation (INQUIRE) (PI: Patrick Romano, MD, MPH)

Funded by the Agency for Healthcare Research and Quality (AHRQ), the INQUIRE study is designed to determine whether consumers can be influenced to make healthcare decisions using information about quality that is presented in a sufficiently clear and persuasive manner. We originally organized our study into two phases in partnership with the California Public Employees' Retirement System (CalPERS), America's second largest purchaser of healthcare. Phase I, an observational study linked to CalPERS' fall 2001 open enrollment (OE), was designed to assess the impact of CalPERS' standard quality information (report card). Phase II was designed as a randomized controlled trial of more intensive quality dissemination interventions during OE 2002.

We successfully completed Phase I during the period from July 1, 2001 through June 30, 2002, conducting pre- and post-OE surveys of randomly sampled CalPERS members and collecting qualitative data through focus groups. Unfortunately, in the face of unprecedented turmoil and 15-30% premium increases in the California health plan market, CalPERS fundamentally changed its health care purchasing strategy. In essence, they abandoned the "consumer choice" model, in which the smart purchaser creates a level playing field on which different health plans can compete on both cost and quality, in favor of a "partner" model, in which the purchaser partners with one or two plans to more aggressively manage both care and costs. This change in strategy had major implications for Phase II (Year 3) of our project in that CalPERS members would have so few health plans to choose from during OE 2002 that our proposed interventions could not be adequately evaluated.

We carefully considered several potential alternatives in response to this dilemma and ultimately decided to develop a new partnership with the Pacific Business Group on Health, which manages the PacAdvantage plan. PacAdvantage, also known as the Health Insurance Plan of California (HIPC), is a nonprofit purchasing pool established in 1992 to offer affordable health benefits to small employers in California. It currently provides health coverage for about 147,000 members working for about 11,000 small employers statewide. PacAdvantage offers its members four HMO brands in most California markets. Each HMO in turn offers three products: (1) a "standard" plan with \$30 outpatient and \$1,000 inpatient co-payments; (2) a "plus" plan with \$20 outpatient and \$500 inpatient co-payments; and (3) a "preferred" plan with \$10 outpatient and \$100 inpatient co-payments. PacAdvantage members also have a choice of a mixed "open access" HMO/PPO, at least two PPOs, and a three-tier point-of-service plan. This structure leads to a rather complex choice matrix; for example, a PacAdvantage member in Sacramento may choose among 18 different products from 4 different companies. With a wider array of health plan choices, PacAdvantage is actually a better laboratory than CalPERS for testing the impact of educating and motivating consumers about health plan choice. This new partnership will allow us to retain the essential aspects of our original study, although additional effort will be needed to adapt our proposed interventions to a new environment. These adaptations are currently under negotiation with PacAdvantage staff. We anticipate implementing Phase II, the randomized trial of the intensive quality dissemination in May 2003, when the majority of PacAdvantage members participate in OE.

9. WARFDOCS (PI: Richard White, MD)

The WARfarin DOsing and Communication System (WARFDOCS) Project is headed by Richard White, MD. It is a federally funded project aimed at developing and evaluating tools to eliminate errors and increase effectiveness of warfarin dosing in inpatient settings and during transition to outpatient follow up. Warfarin is a commonly used anticoagulant that is difficult to dose properly and can have serious consequences if errors in dosing are made. The rate of warfarin dosing errors is relatively high, making reducing errors a priority. The project is developing a computer-based tool for calculating appropriate startup doses of warfarin and an anticoagulation discharge summary report that will accompany patients when discharged to follow up. The project is evaluating a protocol in which these tools are used by hospital pharmacists to make recommendations to inpatient physicians during startup of warfarin therapy and to provide an inpatient treatment summary and recommendations to physicians providing outpatient follow up.

10. How are Non-provider Health Ultrasounds Results Used? (PI: John Robbins, MD, MHS)

Heel ultrasounds (HUS) are now available in drug stores, grocery stores and health clubs all over the country at a cost around \$30. This study sought to understand what happens when individuals get their tests. Do they follow up with their medical providers? What do the physicians or other providers do when their patients show up with reports of the ultrasound results? We had the opportunity to follow up on individuals who paid for non-provider directed HUS carried out in Northern California. After the HUS was performed, individuals received a printout and it was suggested they discuss the results with their physicians. The HUS service providers did not report the results directly to the patient's physicians. We contacted individuals that had consented to participate in a follow up studies and carried out a telephone survey approximately 1 year after the HUS.

An attempt was made to contact 809 individuals with results. Of these, 36 actively refused to answer the questions and 367 agreed to answer the questions. Most individuals remember their classification, however, over a third of those who had measurements reported as osteoporotic reported their results as more dense (osteopenic or normal). We found that most individuals with normal heel ultrasounds reported that their physicians did not order follow up tests. One can assume they treated the results as a negative screening test and assumed further testing was unnecessary. In half of the individuals who took HUS reports which suggested that they were osteopenic to their physicians, the physicians did not order confirmatory tests. For the most part those who ordered further testing ordered DEXAs.

11. Traumatic Brain Injury Surveillance (TBI) (PI: Patrick Romano, MD, MPH)

The Center for Health Services Research in Primary Care is collaborating with the California Department of Health Services, Injury Surveillance and Epidemiology Section, to implement and validate the state's Traumatic Brain Injury (TBI) surveillance system, to validate the state's Child Maltreatment Surveillance program, and to implement a public health surveillance system for sexual violence. These activities are supported by grants from the Centers for Disease Control and Prevention. Through this contract, the Division of General Medicine has hired a part-time Assistant Research Epidemiologist (Julie Cross, PhD) to implement the TBI surveillance system (using hospital discharge and vital statistics data) and to manage TBI surveillance data. The Center is now organizing a reabstraction study to validate a random sample of cases from this TBI surveillance system, based on careful review of medical records. We have developed and pilot-tested a reabstraction instrument (and accompanying guidelines) for use with hospital

discharge abstracts. In the next year, these tools will be applied and the resulting data will be analyzed to estimate the sensitivity and predictive value of the TBI surveillance system. Over the next year, a similar validation study will be designed for child maltreatment, and another epidemiologist will be hired to implement the sexual violence surveillance system.

12. A Qualitative Study of Informed Consent in Cancer Clinical Trials (PI: Debora Paterniti, PhD)

This intra-institutional grant comes from the UC Davis Cancer Center, with funds from the American Cancer Society. The goal of the project is to understand the consent process for cancer clinical trials from the perspective of cancer patients enrolling in the clinical trials by using qualitative methods of investigation. The project emphasizes the importance of patients' understandings and perspectives regarding the informed consent process, how they come to their decisions about cancer clinical trial participation, and the role of the consent process in their decision-making. The long-term goal of this project is to develop and test an intervention for enhancing patient understanding of the goals of research and participation in research among various potentially vulnerable populations with cancer (e.g. geriatric populations, adolescent populations, non-English speaking populations).

13. Support for AHRQ Quality Indicators (PI: Patrick Romano, MD, MPH)

Under a subcontract from the Evidence-based Practice Center at Stanford University, the Center for Health Services Research in Primary Care is assisting the US Agency for Healthcare Research and Quality with refinement and support of the AHRQ Quality Indicators. These indicators use hospital administrative data to highlight potential quality concerns, identify areas that need further study and investigation, and track changes over time. They represent a refinement and further development of the Quality Indicators developed in the early 1990s as part of the Healthcare Cost and Utilization Project (HCUP). The Stanford-UC Davis group, including Dr. Romano, expanded the original quality indicators by: (1) identifying additional quality indicators reported in the literature and used by health care organizations; (2) evaluating both the HCUP QIs and other indicators using literature review and empirical methods; and (3) incorporating risk adjustment. The resulting AHRQ QIs are organized into three "modules," each of which measures quality associated with processes of care that occurred in an outpatient or an inpatient setting:

- a. Prevention QIs—or ambulatory care sensitive conditions—identify hospital admissions that evidence suggests could have been avoided, at least in part, through high-quality outpatient care. The Prevention module is now available.
- b. Inpatient Quality Indicators reflect quality of care inside hospitals and include:
 - Inpatient mortality for medical conditions
 - Inpatient mortality for procedures
 - Utilization of procedures for which there are questions of overuse, underuse, or misuse
 - Volume of procedures for which there is evidence that a higher volume of procedures is associated with lower mortality
- c. Patient Safety Indicators also reflect quality of care inside hospitals, but focus on surgical complications and other iatrogenic events.

Our initial technical report has been released at <http://www.qualityindicators.ahrq.gov>. Work is now underway on several updates and refinements to these indicators, including a report (to be authored by Drs. Rainwater and Romano) on the potential usefulness of these and other related indicators for public reporting on hospital performance.

14. Systems of Care in Isolated Populations (SCIP): Harm Reduction Services, Inc., Program Evaluation (PI: Christina Kuenneth, MPH)

This project evaluates the effectiveness of a continuum of street outreach and case management services on the ability of HIV-infected individuals to enter and stay in care. Program activities occurring along this continuum include targeted outreach by Harm Reduction Services (HRS) workers, intensive transitional case management to bring clients into medical care, and on-going office-based case management to retain clients in medical care.

This evaluation involves both local and multi-site evaluation plans. The local evaluation centers on descriptive studies of individuals at risk for HIV and HIV-positive clients who enter the care continuum. Different populations of clients will be described based on where they receive services – be it street outreach, counseling and testing, or transitional case management. The local evaluation will also define the content and outcomes of transitional and office-based case management services, including patterns of health and social service utilization resulting from the development of a care plan. As such, key variables to be studied include: number of case management contacts, number of referrals for social and medical services, missed medical and social service appointments, and barriers to receiving services. These variables will be stratified by client demographics, exposure, risk reduction status, and living arrangement.

The multi-site evaluation involves a battery of survey instruments that are administered at enrollment and at six- and 12-months post-enrollment. These survey tools are being used by 16 other SPNS-funded programs and will involve the collection of data on client demographics, substance use patterns, barriers and facilitators of care, medical indicators such as viral load and CD4 counts, and quality of life.

Since October 2001, HRS has conducted more than 2,700 outreach contacts in Sacramento and Yolo counties, 1,148 counseling and testing sessions, and on-going transitional case management for 55 clients. The evaluation tools for this project were approved by the UC Davis IRB approval on July 8, and 12 evaluation participants have been enrolled to date. A community advisory board has been identified to begin planning for the Phase 2 proposal, which will be due to HRSA in Spring 2003.

15. The California Active Aging Community Grant Program (PI: Danielle Harvey, PhD)

The California Active Aging Community Grant Program was a multi-site study that focused on promoting physical activity in older adults. The study involved 14 sites, representing six geographical regions of the state of California, including both rural and urban settings. Each site recruited participants for the study and then followed the participants for one year. Evaluations on frequency and duration of different types of activities were collected at baseline, six months, and 12 months to assess the effect of a cognitive-behavioral telephone based intervention on increasing activity in these older adults. The Center provided the statistical support to analyze the data at the end of the study and assisted in the preparation of manuscripts to be submitted about the study.

16. Socioeconomic Disparities in Trauma Care (PI: James Marcin, MD, MPH)

This study was designed to investigate socioeconomic disparities in injury hospitalization rates and severity-adjusted mortality for pediatric trauma.

The investigators compared trauma hospitalization rates, trauma mechanism and severity, and standardized hospital mortality across socioeconomic strata (median household income, proportion of households in poverty, insurance) using ten years of pediatric trauma data from Sacramento County, California.

Children from communities of lower socioeconomic status had higher injury hospitalization and mortality rates, and presented more frequently with more fatal mechanisms of injury (pedestrian, firearm), but did not have higher severity-adjusted mortality.

Higher injury mortality rates among children of lower socioeconomic status in Sacramento County are explained by a higher incidence of trauma and more fatal mechanisms of injury, not by greater injury severity or poorer inpatient care.

17. Evaluation of the Shortage Area Health Professional Development Project (PI: Edward J. Callahan, PhD)

This evaluation is of a California Endowment program administered by the UC Davis School of Medicine, Office of Medical Education that promotes increased minority representation in health professional occupations by utilizing four different components: Medical Post-Bacc programs, a Dental Post-Bacc program, CSU/Community College Programs, and Minority Medical Education and Training/California Shortage Area Medical Matching Programs. Evaluators have reviewed data gathered by the different arms of the programs and are comparing these data with the stated goals for which the project received funding. Key personnel have been interviewed throughout California to determine their perspective on the study's success in meeting targeted goals.

D. Education Activities

One of the fundamental aims of the Center 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.

To this end, the Center continued its successful weekly Center for Health Services Research in Primary Care noontime Seminar Series. Convened under the leadership of Dr. Romano, seminars are open to all Center members and other interested individuals. Continuing Medical Education credit is available to practicing physicians, and graduate students in Epidemiology can earn 1 unit of course credit for each quarter of regular attendance. During the past year, 36 seminars were conducted, covering a broad range of topics. A list of these seminars can be found in Appendix 4.

During the past year, the Center continued its effort to support the growth of junior faculty conducting health services research. This Center for Health Services Research in Primary Care Journal Club is held every other Thursday from 9:00 a.m.-10:00 a.m. The event uses guided discussion and critique of recent articles in the health services research literature to illustrate important methodological or policy principles. A list of Journal Club articles discussed in 2001-2002 can be found in Appendix 5.

One of the Center's strategies for accomplishing both its research and educational missions has

been to encourage involvement of UC Davis students in all aspects of its research endeavors. Students work on Center projects as paid staff, unpaid volunteers, and academic interns who receive course credit. A list of students involved in Center projects this past year is provided in Appendix 6.

E. Publications

Appendix 7 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. 52 of our 74 members have contributed to these 80 publications.

II. Long-Term Strategic Planning and Reorganization

The Center continues to focus on three areas of perceived competitive advantage: proximity to state government, location in north central California, and access to a large network of primary care physicians. During the coming year, the Executive Committee will develop targets for expansion in one or more of the following areas: health communication, state health policy, healthcare quality and safety, and qualitative research.

The Center has successfully created a Primary Care Outcomes Research Fellowship program (PCOR). This unique fellowship will prepare clinically trained physicians to assume faculty positions in divisions of academic primary care. The fellowship structure includes opportunities to earn an MPH degree, a series of core didactic lectures and courses, and a mentored research project. Both intramural and extramural sources of funding are being sought to support the fellowship.

III. Financial Reporting

For 2001-2002, project expenditures of \$1,706,725 in research funds and \$190,722 in core funds are anticipated. 23 new proposals were submitted seeking funding of \$39,114,432. As of this date, ten proposals submitted during the reporting period have been approved for funding totaling \$3,713,657.

APPENDIX 1

UC Davis Center for Health Services Research in Primary Care Membership List

| Name | Department |
|-------------------------------------|--|
| Alcalay, Rina, PhD | Communication |
| Anders, Thomas, MD | Psychiatry |
| Azari, Rahman, PhD | Statistics |
| 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 |
| Crichlow, Renee, MD | Family Medicine |
| Derlet, Robert, MD | Emergency Medicine |
| Drake, Christiana, PhD | Statistics |
| Ducore, Jonathan, MD | Pediatrics |
| Franks, Peter, MD | Family and Community Medicine |
| Garcia, Jorge, MD, MS | General Medicine |
| Gilbert, William, MD | Obstetrics and Gynecology |
| Goel, Pradeep, DrPH, MSC, MPH, MBBS | Health and Physical Education, CSUS |
| Hansen, Robin, MD | Pediatrics |
| Harris, Emily, MD | Psychiatry |
| Helms, Jay L., PhD | Economics |
| Hilty, Donald M., MD | Psychiatry |
| Hirsch, Calvin, MD | General Medicine |
| Jerant, Anthony F., MD | Family and Community Medicine |
| Joye, Nancy, MD | Pediatrics |
| Kravitz, Richard L., MD, MSPH | Internal General Medicine |
| Krener-Knapp, Penelope, MD | Psychiatry |
| Kuppermann, Nathan, MD, MPH | Emergency Medicine and Pediatrics |
| Leigh, Paul J., PhD | CHSR/PC |
| Levine, Richard, PhD | Statistics |
| Li, Hongzhe, PhD | Internal Med: Rowe Program in Human Genetics |
| 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 |
| McCann, John, MD | Pediatrics |

| Name | Department |
|--|---|
| McDonald, Craig, MD | Physical Medicine and Rehabilitation |
| Melnikow, Joy, MD, MPH | Family and Community Medicine |
| Meyers, Frederick J., MD | Internal Medicine Administration |
| Mitchell, Connie, MD | Pediatrics |
| 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 | CHSR/PC |
| 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 |
| Samuels, Steven J., PhD | Epidemiology and Preventive Medicine |
| Schenker, Marc, MD, MPH | Epidemiology and Preventive Medicine |
| Srinivasan, Malathi, MD | General Medicine |
| Styne, Dennis, MD | Pediatrics |
| Tabnak, Farzaneh, PhD | Office of AIDS, Calif. Dept. of Health Services |
| Ugalde, Viviane, MD | Physical Medicine and Rehabilitation |
| Urquiza, Anthony, PhD | Pediatrics |
| Utts, Jessica, PhD | Statistics |
| vonFriederichs-Fitzwater, Marlene, PhD, FAAPP | California State University, Sacramento, Center for Healthcare Communication |
| Wang, Jane-Ling, PhD | Statistics |
| Warden, Nancy, MD | Pediatrics |
| Wenman, Wanda, MD | Pediatrics |
| West, Daniel C., MD | Pediatrics |
| White, Richard, MD | General Medicine |
| Wisner, David H., MD | Department of Surgery |
| Wydick, Richard, LLB | UCD School of Law |

APPENDIX 2

UC Davis Center for Health Services Research in Primary Care Board of Advisors

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APPENDIX 3

UC Davis Center for Health Services Research in Primary Care Summary of Proposals Submitted 2001 – 2002 Academic Year

| | P.I. | Department | Title of Grant | Submitted To | Date Submitted | Amount Requested | Outcome |
|----|------------------------|-------------------------------------|--|--|----------------|------------------|------------|
| 1 | C. Kuenneth, MPH | CHSR/PC | HIV/AIDS Outreach and Case Management | DHHS/HRSA | 6/4/2001 | \$72,669 | Funded |
| 2 | J. Melnikow, MD, MPH | Family & Community Medicine | Communicating with Diverse Populations Across the Cancer Continuum (CD PACC) | NIH | 7/5/2001 | \$10,562,986 | Not funded |
| 3 | R. Kravitz, MD, MSPH | Internal General Medicine | Implications of the New Genetics for Evidence-Based Medicine | RWJ | 7/25/2001 | \$269,538 | Not funded |
| 4 | N. Kuppermann, MD, MPH | Emergency Medicine and Pediatrics | Pediatric Emergency Care Applied Research Network (PECARN) | HRSA | 8/14/2001 | \$657,404 | Funded |
| 5 | R. Kravitz, MD, MSPH | Internal General Medicine | Individualized Patient Coaching for Cancer Pain Control | Cancer Research Program | 9/6/2001 | \$1,191,338 | Pending |
| 6 | E. Callahan, PhD | Family & Community Medicine | Clinical Reviews and IMR Outreach | CA Dept of Managed Health Care | 10/10/2001 | \$32,000 | Funded |
| 7 | R. Kravitz, MD, MSPH | Internal General Medicine | Consumer Influences on Treatment of Depression | NIMH | 10/26/2001 | \$2,004,151 | Funded |
| 8 | M. Wilkes, MD | Office of the Pres - Health Affairs | Student and Faculty CAM Curriculum Development | NIH | 10/30/2001 | \$1,518,424 | Not funded |
| 9 | C. Hirsch, MD | General Medicine | Clinical Centers for the Osteoarthritis Initiative | NIH | 11/6/2001 | \$9,582,734 | Not funded |
| 10 | M. Srinivasan, MD | General Medicine | Improving Care in the End of Life | Health System Research Award | 1/14/2002 | \$149,678 | Funded |
| 11 | P. Romano, MD, MPH | General Medicine and Pediatrics | Construct OB Outcomes Data and Reports | Office Statewide Health Planning & Development | 1/25/2002 | \$146,520 | Funded |
| 12 | R. Epstein, MD | CHSR/PC | Randomized Trial to Promote Patient-Centered Care | NIH | 1/29/2002 | \$4,832,996 | Pending |
| 13 | M. Wilkes, MD | Office of the Pres - Health Affairs | Statewide Initiative to Disseminate EOL Education | National Cancer Institute | 1/30/2002 | \$5,299,827 | Not funded |

| | P.I. | Department | Title of Grant | Submitted To | Date Submitted | Amount Requested | Outcome |
|----|---------------------|---------------------------------|---|--|-----------------------|-------------------------|----------------|
| 14 | P. Romano, MD, MPH | General Medicine and Pediatrics | Traumatic Brain Injury Surveillance | CA Dept of Health Services | 1/31/2002 | \$110,400 | Funded |
| 15 | P. Romano, MD, MPH | General Medicine and Pediatrics | Support for AHRQ Quality Indicators | Office Statewide Health Planning & Development | 2/2/2002 | \$145,775 | Funded |
| 16 | J. Robbins, MD, MHS | General Medicine | White Matter Hyperintensities in Obstructive Sleep Apnea | NIH | 2/14/2002 | \$15,163 | Pending |
| 17 | R. White, MD | General Medicine | Informatics Tools to Reduce Warfarin Errors | AHRQ | 2/15/2002 | \$297,020 | Funded |
| 18 | D. Paterniti, PhD | CHSR/PC | HTPP | Education Training Research Assoc., Inc. | 3/14/2002 | \$98,040 | Funded |
| 19 | P. Romano, MD, MPH | General Medicine and Pediatrics | Using Administrative Data to Screen for Patient Safety Problems | SAFER California Health Care | 4/24/2002 | \$80,000 | Not funded |
| 20 | M. Srinivasan, MD | General Medicine | Longitudinal Home-Care | Dept of Health & Human Services | 4/30/2002 | \$244,689 | Not funded |
| 21 | P. Leigh, PhD | CHSR/PC | Cigarette Price, Instrumental Variables, Health, Costs | National Institute on Drug Abuse | 5/29/2002 | \$445,500 | Pending |
| 22 | A. Jerant, MD | Family & Community Medicine | Randomized Trial of Home Self-Efficacy Enhancement | NIH | 6/15/2002 | \$1,254,167 | Pending |
| 23 | P. Franks, MD | Family & Community Medicine | Do Reporting Biases Mitigate Disparity Estimates? | NIH | 6/19/2002 | \$103,413 | Pending |
| | | | | Total Funding | | \$39,114,432 | \$3,713,657 |

APPENDIX 4

UC Davis Center for Health Services Research in Primary Care Seminar Series Presentations 2001 - 2002

| | Presenter | Department/Institution | Presentation | Date |
|----|-------------------------------------|---|---|-------------|
| 1 | Carin Perkins | California Department of Health Services -- Cancer Surveillance Section | Breast Cancer and Medicaid: Effects of enrollment, managed care, and misclassification on detection and treatment | 08/30/2001 |
| 2 | Eric Liederman, MD, MPH | Clinical Info Systems/UCDMC | Evaluation of a Secure Patient-Physician Messaging System | 09/06/2001 |
| 3 | Peter Franks, MD | Family & Community Medicine/UCDMC | Designing a Multi-center RCT to Increase Physicians' Patient Centeredness and Improve Patient Outcomes | 09/13/2001 |
| 4 | Charles Moore, MD | Internal Medicine/UCDMC | Randomized Trial of Integrating Addiction Treatment with Medical Care | 09/20/2001 |
| 5 | Patrick Romano, MD, MPH | General Medicine/UCDMC | Is the Quality of Health Care Better in the US or the UK? Can Objective Data be used to Answer a Subjective Question? | 10/04/2001 |
| 6 | Alex Kon, MD; James Marcin, MD, MPH | Pediatrics/UCDMC | Alcohol and Drug Screening Among Trauma Patients: Is there evidence of racial profiling? | 10/11/2001 |
| 7 | Debora Paterniti, PhD | CHSR/PC/UCDMC | Lessons on the Body: The case of the gross anatomy lab | 10/25/2001 |
| 8 | Susmita Pati, MD | Columbia University School of Public Health | Does Managed Care Save Money? | 11/01/2001 |
| 9 | Joy Melnikow, MD, MPH | Family & Community Medicine/UCDMC | Tamoxifen Prevention of Breast Cancer: Acceptance and cost-effectiveness | 11/08/2001 |
| 10 | Laura Hill-Sakurai, MD | University of California, San Francisco | Menopause and Choices: An anthropologic approach | 11/15/2001 |
| 11 | Daniel West, MD | Pediatrics/UCDMC | Environmental Tobacco Smoke Exposure and Sickle Cell Disease | 11/29/2001 |
| 12 | Paul Leigh, PhD | CHSR/PC/UCDMC | Costs of Job Related Arthritis | 12/06/2001 |

| | Presenter | Department/Institution | Presentation | Date |
|----|------------------------|---|---|-------------|
| 13 | Robert Hendren, MD | M.I.N.D. Institute/UCDMC | Symptoms Domains Brain Function and Treatment Response in Child Mental Disorders | 12/13/2001 |
| 14 | John Inadomi, MD | Veterans Affairs Medical Center | Cost Effectiveness of Colo-Rectal Cancer Screening | 01/03/2002 |
| 15 | John Troidl, MBA, PhD | Consulting | The Impact of Capitation on Community Health Centers | 01/17/2002 |
| 16 | Donald Lyman, MD | California Department of Health Services | The Budget Process | 01/31/2002 |
| 17 | Bonnie Raingruber | CSUS | Using Video and Narrative Recall to Explore Tacit Aspects of Skilled Practice | 02/07/2002 |
| 18 | David Carlisle, MD | Office of Statewide Health Planning and Development | OSHPD: What it is, what it does, and what it offers to researchers | 02/14/2002 |
| 19 | Richard Pan, MD, MPH | Pediatrics/UCDMC | The Influence of a Community Experience on Perceptions of Child Advocacy | 02/21/2002 |
| 20 | Jann Murray-Garcia, MD | Pediatrician Consultant | The Service Patterns of a Racially, Ethnically, and Linguistically Diverse House staff | 02/28/2002 |
| 21 | Jonathan Neufeld, PhD | Psychiatry/UCDMC | An Introduction to the Use of Teleform in Research | 03/07/2002 |
| 22 | Antonio Linares, MD | Department of Managed Health Care | First Year Experience with the Independent Medical Review Program of the CA Department of Managed Health Care | 03/14/2002 |
| 23 | Robert Byrd, MD | Pediatrics/UCDMC | The Nuts and Bolts of a Statewide Autism Epidemiology Study | 03/21/2002 |
| 24 | Karen Vikstrom, MS | Mercy San Juan Medical Center | Early Childhood Hearing Loss: Genetic features and causes | 03/28/2002 |
| 25 | Rosemary Cress, PhD | Public Health Institute | Use of Cancer Registry Data in Health Services Research | 04/04/2002 |
| 26 | Peter Franks, MD | Family & Community Medicine/UCDMC | Reducing Social Disparities Downstream: Incorporating social factors into clinical management guidelines | 04/11/2002 |
| 27 | Lee de Wit | UCD SOM Office of Sponsored Programs | Extramural Patient Safety Funding Opportunities | 04/18/2002 |
| 28 | Neal Kohatsu, MD, MPH | Epidemiology & Preventive Medicine/UCDMC | Characteristics Associated with Physician Discipline in California: A case-control study | 04/25/2002 |

| | Presenter | Department/Institution | Presentation | Date |
|----|-------------------------------|--|--|-------------|
| 29 | Richard Kravitz, MD, MSPH | Internal General Medicine/UCDMC | An Update on Direct-To-Consumer Pharmaceutical Advertising | 05/02/2002 |
| 30 | Colin Cameron, PhD | Economics | Regression Models for Count Measures of Healthcare Utilization such as Number of Doctor Visits | 05/09/2002 |
| 31 | Paul Leigh, PhD | CHSR/PC/UCDMC | Costs of Unhealthy Habits: An application of the double-hurdle model in a cross-section sample of employees enrolled in a health plan | 05/16/2002 |
| 32 | Colin Cameron, PhD | Economics | Regression Models for Count Measures of Healthcare Utilization Part II: Negative binomial and panel data methods | 05/23/2002 |
| 33 | Nathan Kuppermann, MD, MPH | Emergency Medicine and Pediatrics/UCDMC | The Pediatric Emergency Care Applied Research Network | 05/30/2002 |
| 34 | Penny Knapp, MD | Psychiatry/UCDMC | Quality Indicators for Treatment of Three Psychiatric Disorders in California Children's Systems of Care Services | 06/06/2002 |
| 35 | Thomas Tinstman, MD | Clinical Info Systems/UCDMC | EMR – Knowledge Management | 06/13/2002 |
| 36 | John Robbins, MD, MHS | General Medicine/UCDMC | Update on Two ongoing projects: Community-based ultrasound outcomes and Ginkgo for memory | 06/20/2002 |

APPENDIX 5

UC Davis Center for Health Services Research in Primary Care Journal Club Articles 2001 - 2002

| <i>Date</i> | <i>Article Title</i> | <i>Presenter</i> |
|-------------------|---|-------------------------|
| October 4, 2001 | A prospective study of patient-physician communication about resuscitation | Jorge Garcia, MD |
| October 11, 2001 | Estimating hospital deaths due to medical errors | James Marcin, MD, MPH |
| October 25, 2001 | Tutorial in statistics | Patrick Romano, MD, MPH |
| November 8, 2001 | Randomized clinical trials in oncology: Understanding and attitudes predict willingness to participate | Debora Paterniti PhD |
| November 29, 2001 | Hysterectomy & urinary incontinence: A systemic review | Elaine Waetjen, MD |
| December 6, 2001 | Planned cesarean section versus planned vaginal birth for breech presentation at term: A randomized multi-center trial | Rosa Won, MD |
| December 20, 2001 | Processes of care, illness severity, and outcomes in the management of community-acquired pneumonia at academic hospitals | Shagufta Yasmeen, MD |
| January 17, 2002 | Mortality among patients admitted to hospitals on weekends as compared with weekdays | James Marcin, MD, MPH |
| January 31, 2002 | Socioeconomic factors, health behaviors, and mortality | Paul Leigh, PhD |
| February 14, 2002 | Hospital readmissions and quality of care | James Marcin, MD, MPH |
| March 14, 2002 | Quality-of-life and depressive symptoms in postmenopausal women after receiving hormone therapy | Shagufta Yasmeen, MD |

| <i><u>Date</u></i> | <i><u>Article Title</u></i> | <i><u>Presenter</u></i> |
|--------------------|--|-------------------------|
| March 28, 2002 | Risk factors for cerebral edema in children with diabetic ketoacidosis | James Marcin, MD, MPH |
| April 25, 2002 | Commentary: Considerations for use of racial/ethnic classification in etiologic research | Jorge Garcia, MD |
| May 9, 2002 | Concurrent hysterectomy at bilateral salpingophorectomy: Benefits, risks, and costs | Elaine Waetjen, MD |
| May 23, 2002 | Evaluation of a consumer-oriented internet health care report card | Shagufta Yasmeen, MD |
| June 6, 2002 | Psychological sequel of the Sept 11 terrorists attacks in New York City | Jorge Garcia, MD |
| June 20, 2002 | Nurse-staffing Levels and the quality of care in hospitals | James Marcin, MD, MPH |

APPENDIX 6

**UC Davis Center for Health Services Research in Primary Care
Listing of Students Involved in Center Projects
2001 - 2002**

| Student | Projects |
|-------------------|--|
| Roya Aziz | ⌘ PC AWARE |
| Rodelia Busalpa | ⌘ PC AWARE |
| Emma Calvert | ⌘ The Epidemiology of Autism in California |
| Phan Chau | ⌘ PC AWARE |
| Diana Chavez | ⌘ The Epidemiology of Autism in California |
| Anna Elsdon | ⌘ The Epidemiology of Autism in California |
| Bryan Faulstich | ⌘ CIRC ⌘ PC AWARE |
| Casey Fickhardt | ⌘ PC AWARE |
| Michael Gallagher | ⌘ Nurse Staffing Project |
| Kelly Grogan | ⌘ PC AWARE |
| Gregory Harris | ⌘ PC AWARE |
| Sarah Ho | ⌘ PC AWARE |
| Zainab Khan | ⌘ PC AWARE |
| Jang Koo | ⌘ Computer |
| Lolly Lee | ⌘ The Epidemiology of Autism in California |
| Kelly Xiaoguan Ma | ⌘ PC AWARE |
| Michael Mallatt | ⌘ AB 394 |
| Vania Manipod | ⌘ DMHC |
| Robin Matias | ⌘ The Epidemiology of Autism in California |
| Gladys Muiru | ⌘ The Epidemiology of Autism in California |
| Aimee Mundy | ⌘ The Epidemiology of Autism in California |
| Jessica Nguyen | ⌘ The Epidemiology of Autism in California |
| Neha Patel | ⌘ INQUIRE |
| Banafsheh Sadeghi | ⌘ Obstetric Outcomes Project from OSHPD |
| Liza Silverio | ⌘ Patient Requests Project |
| Kaman Sit | ⌘ PC AWARE |
| Sokheem Sy | ⌘ PC AWARE |
| Loc Ton | ⌘ INQUIRE |
| Denise Wong | ⌘ The Epidemiology of Autism in California |
| Qui Zhu | ⌘ CHSR/PC Admin |

APPENDIX 7

UC Davis Center for Health Services Research in Primary Care Publication List 2001 – 2002

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

| Year | Author(s) and Publication |
|------|--|
| 2001 | <u>Alcalay, R.</u> , and <u>Bell, R.</u> (2001). "Strategies and Practices in Community-Based Campaigns Promoting Nutrition and Physical Activity." <u>Social Marketing Quarterly</u> . |
| 2001 | Kar, S., and <u>Alcalay, R.</u> (eds.) (2001). "Health Communication: A Multicultural Perspective." Sage Publications, Inc. |
| 2001 | Balcalzar, H., Alvarado, M., <u>Alcalay, R.</u> , Schindeldecker, M., Newman, E., Huerta, E., and Ortiz, G. (2001). "Salud Para su Corazon: Evaluating Cardiovascular Health Outreach Activities in the Latino Community." <u>Medicine of the Americas</u> 2 (1):4-11. |
| 2001 | <u>Bell, R. A.</u> , <u>Kravitz, R.L.</u> , Thom, D., Krupat, E., and <u>Azari, R.</u> (2001). "Unsaid but not Forgotten: Patients' Unvoiced Desires in Office Visits." <u>Arch Intern Med</u> 161(16):1977-84. |
| 2001 | Krupat, E., <u>Bell, R.A.</u> , <u>Kravitz, R.L.</u> , Thom, D., and Azari, R. (2001). "When Physicians and Patients Think Alike: Patient-Centered Beliefs and Their Impact on Satisfaction and Trust." <u>Journal of Family Practice</u> 50(12):1057-62. |
| 2001 | <u>Bertakis, K. D.</u> , <u>Helms, L.J.</u> , <u>Callahan, E.J.</u> , <u>Azari, R.</u> , <u>Leigh, P.</u> , and <u>Robbins, J.A.</u> (2001). "Patient Gender Differences in the Diagnosis of Depression in Primary Care." <u>J Womens Health Gen Based Med</u> 10(7):689-98. |
| 2001 | <u>Bertakis, K.D.</u> , <u>Callahan, E.J.</u> , <u>Azari, R.</u> , <u>Helms, L.J.</u> , and <u>Robbins, J.A.</u> (2001). "Predictors of Patient Referrals by Primary Care Physicians to Specialty Care." <u>Family Medicine</u> 33:203-209. |
| 2001 | <u>Derlet, R.W.</u> , Richards, J.R., and <u>Kravitz, R.L.</u> (2001). "Frequent Overcrowding in U.S. Emergency Departments." <u>Academic Emergency Medicine</u> (8):151-55. |
| 2001 | Fiscella, K., <u>Franks, P.</u> , Doescher, M.P., and Saver, B.G. (2001). "Disparities in Health Care by Race, Ethnicity, and Language Among the Insured: Findings from a National Sample." <u>Med Care</u> 40(1):52-9. |
| 2001 | Minn, A.Y., Pollock, B.H., Garzarella, L., Dahl, G.V., Kun, L.E., <u>Ducore, J.M.</u> , Shibata, A., Kepner, J., and Fisher, P.G. (2001). "Surveillance Neuroimaging to Detect Relapse in Childhood Brain Tumors: A Pediatric Oncology Group Study." <u>J Clin Oncol</u> 19(21):4135-40. |
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