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

2002 – 2003 Annual Report

Richard L. Kravitz, MD, MSPH
Professor and Director

Edward J. Callahan, PhD
Professor and Associate Director

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ANNUAL REPORT
2002-2003

The University of California Davis Center for Health Services Research in Primary Care has now completed eight 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. Over the past two years the Center has become increasingly successful in gathering federal grants, which sometimes represents a more stable source of funding than other sources. 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 2002-2003 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, Dr. Kravitz continued to provide leadership as Center Director. He was assisted by Edward Callahan, PhD (Associate Director), Patrick Romano, MD, MPH (Education and Training Director), and Christine Harlan (Program Manager).

Reporting Relationships

Until 2003, Dr. Kravitz reported to Allan Siefkin, MD (CMO/Executive Director Clinical Affairs Division for UC Davis Medical Group), concerning day-to-day administrative affairs. At that time, Dr. Siefkin's oversight responsibilities for the Center were assumed by Dr. Claire Pomeroy, Executive Associate Dean School of Medicine. Dr. Kravitz continues to report to the Vice Chancellor for Research for long-term programmatic affairs.

Center Space

During academic year 2002-2003, the Center occupied approximately 1,400 square feet in Suite 2500 of the Patient Support Services Building (PSSB) located on the UCDMC Campus, plus 2,200 square feet in the Grange Building where quantitative services and many project management functions are performed. During this academic year, the Center's success in grant funding has resulted in staff growth that filled the current space and limits future growth. Beginning in late July 2003 the Center anticipates consolidating its activities within the Grange building. Unfortunately, the Grange consolidation likely represents only a temporary solution, as the 3200 square feet of Grange space represents an approximate 1.03 % increase over the previous arrangement. In addition, the Grange is an older building that is somewhat distant from the Center's core constituencies on the Sacramento campus. 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.

Computing Resources

Computing resources at the Center include a networked system of servers in both locations providing support for Center activities including proposal development, implementation of funded research projects, and data analysis. In 2002-3, the Center's computing resources were 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 had 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. As the Center consolidates in the Grange, computer specialist Geoff Chan will be coordinating centralization of computer resources.

Center Faculty

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.

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 2002-2003 included:

Faculty	Department
Richard L. Kravitz, MD, MSPH	Professor and Center Director, Internal Medicine
Klea D. Bertakis, MD, MPH	Professor and Founding Director, Chair, Family and Community Medicine
Rahman Azari, PhD	Senior Lecturer, Department of Statistics
Edward Callahan, PhD	Professor and Associate Center Director, Family and Community Medicine
Christiana Drake, PhD	Associate Professor, Department of Statistics
Peter Franks, MD	Professor and Core Center Faculty, Family and Community Medicine

Nathan Kuppermann, MD, MPH	Associate Professor, Emergency Medicine and Pediatrics
Paul Leigh, PhD	Professor and Core Center Faculty, Epidemiology and Preventive Medicine
Joy Melnikow, MD, MPH	Professor, Family and Community Medicine
Debora A. Paterniti, PhD	Assistant Adjunct Professor and Core Center Faculty, General Medicine Assistant Adjunct Professor, Dept. of Sociology
John Robbins, MD, MHS	Professor, General Medicine
Patrick Romano, MD, MPH	Associate Professor and Core Center Faculty, General Medicine and Pediatrics
Marc Schenker, MD, MPH	Professor and Chair, Epidemiology and Preventive Medicine

Advisory Board

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

Administrative Support

In addition to the Executive Committee, two other groups provide administrative input and leadership. The Center's User Group was established in Fall, 2002. This group meets monthly and provides input on operational issues. Members include Ed Callahan PhD, Xuan Chu, Peter Franks MD, Carol Franz PhD, Jorge Garcia MD, Christine Harlan, Janet Keyzer RN-C, MPA, Christina Kuenneth MPH, Nathan Kuppermann MD MPH, Richard Kravitz MD MSPH, Paul Leigh PhD, John Marcin MD, MPH, Joy Melnikow MD, MPH, Jonathan Neufeld PhD, Debora Paterniti PhD, Julie Rainwater PhD, Patrick Romano MD, and Richard White MD.

The Senior Project Management Group ("G6") includes Wilhelmina Cottman, Carol Franz, Janet Keyzer, Christina Kuenneth, Jonathan Neufeld, and Michael Shults. This group develops and implements policies and procedures desired to achieve the Center's operational goals of coherence, efficiency, and learning.

B. Outreach Activities

Outreach Activities

Intramural Outreach. Continuing the commitment to bring together expertise and interests of UCD faculty into projects related to its mission, the Center coordinated several multidisciplinary activities over the past year. The Center's senior faculty and staff provided mentorship to junior faculty and post-doctoral fellows whose interest and research fall under the umbrella of health services research, including Anthony Jerant (Family and Community Medicine); James Marcin (Pediatrics); Donald Hilty (Psychiatry); Ladson Hinton (Psychiatry); Jorge Garcia (General Medicine); Shagufta Yasmeen (Medicine/Gynecology); Malathi Srinavasan (General Medicine); Richard Pan (Pediatrics); Debora Paterniti (Medicine/Sociology); Danielle Harvey (Biostatistics); 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 2002-2003, several non-SOM faculty assisted

with Center proposals or projects: Robert Bell, Rina Alcalay, and Charles Berger (Communication); Adela de la Torre (Chicana/Chicano Studies); Colin Cameron (Economics); Jay Helms (Economics); and Christiana Drake (Statistics). Marlene von-Friederichs-Fitzwater collaborated from a faculty appointment at California State University, Sacramento.

The Center initiated several special collaborations this year. Center members from the Departments of Family and Community Medicine, Internal Medicine, Sociology, Communication, and Statistics prepared a resubmission for a program-project grant proposal to the National Cancer Institute. In addition to the program-project grant, Center faculty partnered with faculty from Chicana/Chicano Studies to explore collaborative research and evaluation opportunities. 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), Drs. Kravitz and Callahan have continued efforts to reach social science faculty from the Davis campus encouraging collaborative interactions. As one means to foster increased interaction, Drs. Kravitz and Callahan coordinated meetings at the Davis campus with Psychology Department faculty and graduate students to discuss mutual opportunities. Drs. Leigh and Paterniti strengthen connections with the Departments of Econcomics and Sociology, respectively, providing undergraduate instruction for those departments.

In addition, using funds from the Office of the Vice Chancellor for Research and School of Medicine, the Center created the UCD Consortium for Research in Out-of-Hospital Patient Safety (CROPS). The consortium sponsored a pilot research awards program open to faculty and post-doctoral scholars campus-wide. Three projects have been funded. Drs. Connelly and Bair propose to develop a discrete event simulation model of the UCDMC Emergency Department (ED) to investigate the extent to which ED overcrowding diminishes the system's ability to attain nationally recognized benchmark time interval for the evaluation and treatment of patient presenting with cardiac chest pain. Dr. Rose's pilot project develops an interactive, multimedia CD-ROM tutorial for training emergency medicine residents ultrasound-guided central venous cannulation. Dr. Kost's project goals are to investigate the hazards of Point-of-Care Testing (POCT) and to develop and recommend guidelines for biohazard control for POCT to protect the safety of patients and healthcare workers.

Extramural Outreach. The Center continues to function as a resource for the Sacramento region and is involved in a number of community activities. For example, Dr. Romano is a deputy editor of *Medical Care* and serves on the editorial board of HSR, both leading health services research journals

The Center expanded its relationships with potential funders including state government agencies. Currently, the Center has contracts with the Office of Statewide Health Planning and Development, Department of Managed Health Care, Office of the Patient Advocate, as well as several sections within the Department of Health Services. In addition, Dr. Kravitz and a team comprised of faculty with expertise in management, economics, psychology and pharmacy administration are consulting with the Department of Corrections.

In conjunction with the CROPS award program, the center held a major conference including CME credit on patient safety research titled: Patient Safety: Reducing Medical Errors in Northern California on October 30, 2002, at the UCD Medical Center Campus. The conference introduced participants to the nascent field of patient safety research. Conference sessions

provided a forum for professionals of diverse disciplines to exchange ideas on medical error reduction, to disseminate tested methods for mobilizing institutions to coordinate patient safety improvement efforts, and to enable individual clinicians to implement proven patient safety interventions into their practices. The conference format consisted of plenary sessions, panel discussion, break-out workshops, progress reports, wrapping up the day with a clinical leadership panel discussion. The conference drew 159 attendees from a variety of disciplines with diverse backgrounds and interests representing administrators, attorneys, dieticians, economists, educators, nurse practitioners, nurses, pharmacists, physician assistants, physicians, psychologists.

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 twice during the 2002-2003 academic year to provide the Center leadership with advice on programmatic direction. Meetings are comprised of research presentations followed by focused discussion of key issues in the areas of setting organization priorities, reaction to the proposed Center name and mission statement change, and assessment of private fundraising opportunities. A list of current Board members is provided as Appendix 2.

C. Research Proposal Development

As a research center, one of our core activities is providing 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. Again, this year the Center convened a team of senior research investigators from the medical and social sciences in response to a National Cancer Institute RFA in the area of cancer communication. 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. Senior faculty benefit from experienced support staff available to assist with budget preparation, template sections, and facilitating compliance with submission guidelines and forms. Over the past year the Center participated in the submission of 16 proposals to extramural funding agencies including the National Institutes on Health (NIH), California Department of Managed Health Care (DMHC), California Department of Health Services (DHS), Office of Statewide Health Planning and Development (OSHPD), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Systems Administration (SAMSHA), and Maternal Child Health Bureau (MCHB). Over time, the Center 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 funders (federal, state, foundation and other) 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 During 2002 - 2003

During this fiscal year, the Center supported the conduct of 26 separate projects. These are summarized below.

Title	**Epidemiology of Autism in California Study**
Principal Investigator	Robert S. Byrd, MD, MPH
Grant/Contract Number	HD999114
Source of Support	CA Department of Developmental Services
Approved/Proposed Dates	8/1/2000 – 11/30/2002
Total Costs	$ 1,000,000

This study utilized staff and resources from both the M.I.N.D. Institute and the Center. The mandate of this project, as requested by the State Legislature in 1999, was to conduct a comprehensive pilot study to explain the alarming rise in reported cases of autism in California. The 273% increase in cases was documented in a March 1999 report to the legislature from the Department of Developmental Services.

Over the course of the research study, the principal investigator and project staff wrote a detailed project plan and constructed study instruments, underwent training to administer the Autism Diagnostic Interview, conducted a local pilot study, and eventually initiated the study statewide. Families were recruited to enroll in the study via a letter signed by the Director of the Department of Developmental Services. Participants completed one or two detailed questionnaires, and consented to a review of the child's regional center record; families of children with autism, and families of children with a mental retardation diagnosis and a high score on an autism screening questionnaire participated in a two-hour face-to-face autism diagnostic interview at their local regional center. Study enrollment concluded in 7/2002 and data collection concluded in 9/2002. A total of 684 families (375 families of children with autism and 309 families of children with mental retardation) enrolled in the study. A 68-page report was hand-delivered to members of the State Legislature on October 17, 2002.

The principal findings of the research study were as follows:

- There was no evidence that a loosening in the diagnostic criteria for autism had contributed to the increase in the number of autism clients served by the regional centers.
- While some children who were determined to meet diagnostic criteria for autism were misclassified as having mental retardation without autism, there was no evidence that this occurred more in the past than in recent years, and thus did not appear to contribute to the rise in more recently reported cases.
- Children with autism in the regional center system were largely native born and thus in-migration did not affect the rise in cases.
- Comparisons of two age cohorts of children with autism showed that demographic characteristics had not changed much over time, with the exception of the increase in Hispanic children in the younger age group, and a decline in a concurrent diagnosis of mental retardation.
- The percentage of parent-reported regression (loss of developmental milestones) did not differ between the two age cohorts.

Without evidence for an artificial increase in autism cases, we concluded that some, if not all, of the observed increase represents a true increase in cases of autism in California, and the number of cases presenting to the regional center system is not an overestimation of the number of children with autism in California.

The full report can be found at
http://www.ucdmc.ucdavis.edu/mindinstitute/html/news/autismreport.htm

Title	**Clinical Reviews and IMR Outreach**
Principal Investigator	Edward Callahan, PhD
Grant/Contract Number	00MC-IA022
Source of Support	CA Dept of Managed Health Care
Approved/Proposed Dates	1-1-01 to 6-30-04
Total Costs	$138,000

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.

Title	**Evaluation of the Shortage Area Health Professional Development Project**
Principal Investigator	Edward Callahan, PhD
Grant/Contract Number	97-770
Source of Support	The California Endowment
Approved/Proposed Dates	1-1-02 to 11-15-02
Total Costs	$25,000

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.

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	10/02-9/05
Total Costs	$1,018,953

The goal of this three-year study is to reduce substance abuse (including tobacco, alcohol, and drugs), and HIV infection among minority youth in Sacramento County. The planning phase of the project is nearing conclusion. Train-the trainer sessions for physician educators and health educators are completed. Beginning July 2003, primary care clinic providers will be trained to incorporate prevention messages in their outpatient visits with youth and parents and refer families to a prevention program provided by the Health Education Council. Participants are being recruited through UCDMC primary care clinics, the Sacramento Community Clinic Consortium and other community-based organizations. Six community clinics and two Health System clinics will serve as study sites.

Youth are now being recruited into the study along with their friends to experience an 8-hour curriculum designed to increase resilience and personal identity and strengthen family relationships. 450 youth, 11-14 years old, and their parents will be enrolled. The family education component of the program will begin in August 2003. Sessions are being held at clinic and community-based organization locations throughout Sacramento County. All participants complete a questionnaire before the prevention program begins, immediately afterward and six months after the program.

Title	**Improving Palliative Care in Assisted Living**
Principal Investigator	Anthony Jerant, MD
Grant/Contract Number	039176
Source of Support	Robert Wood Johnson Foundation
Approved/Proposed Dates	7/1/00 – 6/30/04
Total Costs	$240,000

This study examines palliative care needs of elders in assisted living, which have not been well characterized in previous studies. Preliminary data suggests their needs are substantial and not well managed under the current assisted living care paradigm. The study will compare a one-time intervention to a longitudinal, facility-based approach to assessing and addressing elders' palliative care needs. The study hypothesized that elders in assisted living will have improved self-perceived health status, reduced severity of symptoms, improved mood, slower decline in cognitive and physical function, greater "aging in place," greater concordance between stated values and end of life care.

The methodology involves residents of two closely matched assisted living facilities for elders who are being offered enrollment in a comparative trial. A two-part, on-site baseline physician assessment is conducted for each subject. From findings at the baseline assessment, recommendations for palliative care improvement is provided to the resident, family members and legal proxies, facility staff, and the primary care provider. Following the baseline assessment, residents at Facility 1 receive identical two-part assessments every three months, with additional recommendations for palliative care improvement provided to all the above individuals. Nurse aides at this facility also receive periodic educational presentations on basic palliative care topics. By contrast, residents at Facility 2 receive only abbreviated evaluations every three months, intended only to track outcomes. End-of-life care issues are not discussed at these reassessment appointments, and no further care recommendations are made to these subjects or their caregivers. Finally, no educational presentations are provided to nurse aides at this facility. To date 71 subjects at these two facilities have been enrolled and received at least

their baseline evaluations. The first interim data analysis was conducted in the fall of 2001 and final data analysis will be completed in the spring of 2004.

Title	**Social Influences on Practice**
Principal Investigator	Richard Kravitz, MD, MSPH
Grant/Contract Number	MH64683-01A1
Source of Support	NIH
Approved/Proposed Dates	9/2/02-8/31/05
Total Costs	$2,004,151

The goals of the Social Influences on Practice (SIP) Study are: a) to estimate the effect of request style on physicians' prescribing behavior; b) to assess whether direct requests facilitate or impede the provision of high quality medical care; and c) to evaluate the effect of the SP request style on physicians' communication behaviors. The study uses standardized patients to make office visits to enrolled primary care physicians under six different conditions. The six SP presentations vary by condition and by request style. Enrolled physicians agree in the consent form to see two standardized patients and to allow the visits to be recorded with a hidden tape recorder.

Year 1 activities focused on: finalizing methodology, enrolling 53 subjects from each site (physicians), obtaining IRB approvals from all sites, training 19 standardized patient/actors (SPs), developing instruments, establishing procedures to reduce detection, and initiating data collection at all three sites: Davis, Rochester, and San Francisco. 90% of the physicians are currently recruited. SPs experienced approximately 100 hours of role training, which included a week of intensive training at UC Davis with all SPs, trainers, and investigators present, and both announced and unannounced practice visits with physicians before initiating data collection. As of July 1, 2003 Rochester and Davis each completed 21 first SP visits. Data collection at UCSF will commence in late July 2003. Project staff developed several questionnaires: a reporting form completed by the SP following the office visit that captures essential components of the visit (SPRF); a detection form sent to the physician approximately 1 week after the visit to inquire whether the physician suspected s/he was seeing an actor; a role consistency form to be used to maintain role performance accuracy across sites, and a clinician background questionnaire (CBQ) to be sent to the physician following completion of both SP visits. The CBQ provides basic demographics for the physician, training history, and several attitudinal measures and takes approximately 10 minutes for the physician to complete. Trainers remain involved with the SPs throughout the data collection period, provide feedback on performances, retrain when necessary, and ensure their accuracy when completing the SPRF. Results are not yet available. Detection rates, however, have been very low. Early in year 1 a clinical panel convened to define the medical conditions and symptoms that would be portrayed by the actors, and delineate crucial aspects of the roles. The study offers an innovative and powerful approach to investigating the impact of the media and of patient requests on the process of clinical care, the patient-physician interaction, and physician's prescribing decisions. These research questions are directly related to a priority area identified by NIH (contextual influences on mental illness and care) and have potential for improving physician practices and patient outcomes.

Title	**Comparative Information on Prescription Drugs Advertised Directly to Consumers**
Principal Investigator	Richard Kravitz, MD, MSPH
Grant/Contract Number	02-2339
Source of Support	California HealthCare Foundation
Approved/Proposed Dates	12/2-11/04
Total Costs	$600,824

The goal of this project is to help consumers choose the best drug/treatment for them, at the best price. This is a collaborative effort between the University of California, Davis, and The California HealthCare Foundation. The project will produce information comparing drugs prescribed for six medical conditions that are advertised directly to consumers and make this information easily accessible by consumers and providers. Targeted conditions include upset stomach, arthritis (osteoarthritis), high cholesterol, depression, asthma, and nasal allergies.

There are two components to this project: critical review of the scientific work of the Oregon Multi-state Collaborative (OMSC) and identification of critical questions not addressed by the OMSC reports, and communications and outreach to ensure consumers and providers know about the information and where to get it. The University of California, Davis will coordinate the research and writing of scientific summaries using teams which will include specialists from different University of California medical and pharmacy campuses. Expert consultants and a scientific advisory board will review project materials. Surveys will be conducted to elicit physician concerns about prescription drug use in their practice, and their opinions regarding the value of a consumer prescription medication information campaign to be launched by The California Health Care Foundation in early 2004.

To date we have established scientific teams, convened the project Policy Advisory Committee, assembled a Scientific Advisory Committee, produced some prototype materials, and convened four focus groups to discuss consumer's prescription drug informational needs. In the upcoming project year, UCD staff will appoint expert consultants, produce supplemental material on the treatment of six conditions, convene Scientific Advisory Committee and Policy Advisory Committee meetings, and conduct physician survey research.

Title	**Systems of Care in Isolated Populations (SCIP): Harm Reduction Services, Inc., Program Evaluation**
Principal Investigator	Christina Kuenneth, MPH
Grant/Contract Number	02-00116V
Source of Support	Harm Reduction Services, Inc., via HRSA Special Project of National Significance Grant Program
Approved/Proposed Dates	01/01/02 - 12/31/03
Total Costs	$106,776

The Systems of Care in Isolated Populations (SCIP) evaluation was funded by the Health Resources and Services Administration (HRSA) as a Special Project of National Significance in October 2001. This evaluation aims to understand the impact that street outreach and transitional case management provided by staff at Harm Reduction Services, Inc. (HRS) have on

helping HIV-positive individuals engage in primary medical care. The SCIP evaluation has local and multi-site components. The multi-site evaluation, which is being directed by the Center for Outcomes Research and Evaluation at Boston University, involves longitudinal surveys that are administered to clients at baseline, six, and 12 months. The data collected in these surveys center on quality of life, barriers and facilitators to care, and the demographic and risk characteristics of the population receiving services. To complement these data, the local evaluation involves a system-level analysis of administrative data collected through outreach, counseling and testing, and transitional case management contacts. Additionally, service utilization from the Ryan White fiscal agent and billing data from CARES are being analyzed to determine the number, type, and cost of services accessed by clients enrolled in the evaluation.

Since July 2002, a number of presentations have been made by the principal investigator regarding the evaluation model and preliminary analysis of program data. These include: 1) presentations at semi-annual SPNS grantees' meetings in October 2002 and March 2003 and 2) a presentation at the Annual Meeting of the Society of Applied Sociology, titled "Connecting HIV-positive Individuals to Care and Treatment Through Street Outreach and Case Management: A Community-based Evaluation Model." A preliminary analysis of system-level data was accepted at the National HIV Prevention Conference as a poster presentation, titled "Do Client Characteristics Change Along the Continuum of HIV Care and Treatment? A Descriptive Study Using Administrative Data." As of June 2003, the SCIP evaluation had collected 62 baseline and 16 six-month follow up interviews from enrolled clients.

In April 2003, a competing continuation proposal was submitted to HRSA to build on the Phase 1 evaluation. In Phase 2, an enhanced intervention will be developed that uses community volunteers to provide ongoing emotional and practical support to HIV-positive clients at HRS. The evaluation will determine if this enhancement increases engagement and retention in care and whether functional health literacy can be indirectly improved through regular sustained contact with a program volunteer.

Title	**Evaluation of HIV Transmission Prevention Project (HTPP) and Bridge Projects**
Principal Investigator	Christina Kuenneth, MPH
Grant/Contract Number	006490
Source of Support	ETR Associates via California Department of Health Services Office of AIDS
Approved/Proposed Dates	07/01/02-06/30/03
Total Costs	$39,761

Both the Bridge and HIV Transmission Prevention Project (HTPP) are co-sponsored by the California Department of Health Services Office of AIDS and ETR Associates. HTPP, which began in Fall 2000, has reached the final year of data collection. For the sites managed by UC Davis, 2,489 risk reduction contacts have been logged by risk reduction specialists in Fresno, Compton, Santa Clara, Santa Cruz, and Long Beach. Each site has at least one risk reduction specialist who provides one-on-one or group counseling and assistance with program referrals and linkages to HIV care and treatment.

Fred Molitor, the principal investigator at ETR Associates, has made a number of presentations on the HTPP data, including "Adherence to Risk-Reduction vs. Risk Elimination Plans by HIV

Serostatus," presented at the Canadian Society of Addiction Medicine World Forum in July 2002, and "Evaluation of Statewide Program to Reduce HIV Transmission Among High-risk HIV-negative and HIV-positive Individuals," presented at the Annual Meeting of the Society of Applied Sociology in October 2002. Additionally, Dr. Molitor had an abstract accepted for the Annual Meeting of the American Public Health Association in November 2003 for a presentation titled, "Prevention Case Management (PCM) and Risk Reduction Outcomes Among HIV-positive and HIV-negative Men who Have Sex with Men."

The Bridge Project started in April 2001 and uses outreach workers who match the risk profile of HIV-positive individuals who have never received or who have dropped out of medical care for their HIV. Of the 14 counties with Bridge workers, six receive evaluation support and data management from UC Davis: Imperial, San Diego, Riverside, Los Angeles, and Santa Clara. Within the last year, Christina Kuenneth ran preliminary reports on referrals and linkages to services, worked with project staff at ETR Associates to improve the Access database data entry interface and reporting systems, and added monthly tracking reports to identify the number of contacts that Bridge workers have with clients who do not request or use referrals for medical or social services. In August 2002, Ms. Kuenneth used Bridge data in a poster presented at the Ryan White All Titles' Meeting, titled "Two Strategies for Evaluating Projects that Use Outreach Workers to Locate and Link Persons with HIV to Appropriate Treatment Services." This poster compared the evaluation models used in the SCIP and Bridge projects.

Title	**Pediatric Emergency Care Applied Research Network (PECARN)**
Principal Investigator	Nathan Kuppermann, MD, MPH
Grant/Contract Number	MC00001-02/04
Source of Support	HRSA
Approved/Proposed Dates	9/30/01 – 9/29/05
Total Costs	$1,815,000

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 multicenter studies, support research collaboration among EMSC investigators, and encourage informational exchanges between EMSC investigators and providers.

Title	**Tamoxifen Prevention of Breast Cancer: What is Cost Effective?**
Principal Investigator	Joy Melnikow, MD, MPH
Grant/Contract Number	282-98-0026
Source of Support	National Cancer Institute
Approved/Proposed Dates	7/1/01 – 10/31/03—currently on a no-cost extension
Total Costs	$577,591

Breast cancer is the second leading cause of death from cancer among women in the U.S. Interest in methods of preventing breast cancer is high. In 1998, the National Cancer Institute reported a 50% reduction in the incidence of breast cancer in women taking tamoxifen enrolled in the tamoxifen for breast cancer prevention trial. Numerous concerns remain regarding tamoxifen, including whether this preventive approach is acceptable to women at risk. In July 1999, the Breast Cancer Research Program (BCRP) funded "Tamoxifen Prevention: Is it acceptable to women at risk?" to develop a deeper understanding of how a diverse group of high-risk women weigh risk versus benefits in considering tamoxifen prevention. The study explored how information such as self-perceived breast cancer risk, NCI screening tool determined breast cancer risk, and education affect and influence women's decisions.

A structured interview (English or Spanish) combined qualitative and quantitative items and a standardized educational intervention describing potential beneficial and harmful outcomes of taking tamoxifen for breast cancer risk reduction was provided. 771 women were screened, 341 (44.2%) met eligibility criteria, and 255 (33.1%) completed interviews (76.9% White, 3.9% African American, 10.6% Latina, 7.0% Asian, 1.6% Native American). Interviewed women's estimated mean five-year breast cancer risk was 2.8% and mean self-perceived 5-year risk was 32.7%. A minority of interviewed women were interested in tamoxifen following education and few shifted their previous inclination.

A cost effectiveness analysis of the use of tamoxifen for breast cancer risk reduction will use standard gamble utilities collected during the BCRP interview study. This analysis, funded by the National Cancer Institute, is still in progress.

Abstracts:

(Melnikow, J et al) Breast cancer concern and sources of breast cancer information. J Gen Intern Med 2003;18:Supp 1:303.

(Melnikow J, et al) Tamoxifen for breast cancer risk reduction: Is it acceptable to women at risk? J Gen Intern Med 2003;18:Supp1:303.

Manuscripts currently in review:

(Crichlow, et al) Race in the Gail model of Breast Cancer. Impact of Ethnicity on Risk Evaluation of African-American women

(Melnikow, et al) Preferences of Women Evaluating Risks of Tamoxifen: The POWER study of tamoxifen preferences for breast cancer risk reduction

(Paterniti, et al) Tamoxifen for Breast Cancer Risk Reduction: Women's Perspectives.
(Keyzer, et al) Recruitment for the POWER Interview: Recruitment strategies, minority participation, costs, and challenges

Title	**Tamoxifen Prevention of Breast Cancer: Acceptance/Cost-Effectiveness**
Principal Investigator	Joy Melnikow, MD, MPH
Grant/Contract Number	R01CA86043A
Source of Support	National Cancer Institute
Approved/Proposed Dates	10/01/00 – 09/30/03
Total Costs	$139,373

The cost effectiveness analysis (CEA) of tamoxifen for breast cancer risk reduction began in October 1999. Data on women's preferences for tamoxifen, including standard gamble scores for a variety of temporary and permanent health states, were collected through the tamoxifen interview study, which was funded by the California Breast Cancer Research Program and the National Cancer Institute. Since July 2002, the CEA of tamoxifen has focused on developing a preliminary Markov model using standard gamble scores from the interview study; incidence rates converted to transition probabilities for outcomes reported in the Breast Cancer Prevention Trial; effectiveness measures (e.g., relative risk ratios) gathered from the Breast Cancer Prevention Trial; and costs gathered from published cost-effectiveness analyses of tamoxifen.

Once the model structure was developed and all input variables defined for the model, one-way sensitivity analyses were performed to determine the subset of variables that most influence the incremental cost effectiveness ratio (ICER) of tamoxifen. Additionally, the model was used as the basis of a life expectancy analysis to measure the external validity of the model's assumptions when compared to other published studies. Lastly, Monte Carlo simulations were used as an additional technique for evaluating the robustness of the model.

Over the last year clinical pathways for the outcomes relevant to use of tamoxifen have been developed: breast and uterine cancer; pulmonary embolism; deep vein thrombosis; wrist, spinal, and hip fractures; and cataracts. These pathways are being used to establish a consistent method for assigning costs to outcomes based on inpatient and outpatient care reimbursed through Medicare.

The results from the preliminary CEA model for tamoxifen were submitted and accepted as a poster session at the Annual Meeting of the North American Primary Care Research Group, which will be held in October 2003.

Title	**Simultaneous Care: Linking Palliation to Clinical Trials**
Principal Investigator	Frederick J. Meyers, MD
Grant/Contract Number	1 R25 CA95260-01
Source of Support	NCI
Approved/Proposed Dates	7/1/02 - 6/30/07
Total Costs	$ 2,429,599.

The specific aims of the study are to test methods that support cancer patients enrolled in clinical trials and their caregivers with improved problem-solving and decision-making skills that will help decrease patient and caregiver stress and anxiety, and improve patient/caregiver/physician communication. The study will also assess the impact of providing problem-solving education and follow-up reinforcement on critical aspects related to clinical trials participation, including accrual and retention, utilization of resources, place of death, and frequency of hospice/supportive care referral, admission and length of stay.

The Simultaneous Care Education Intervention (SCEI) team uses the COPE problem-solving educational model to instruct patients on how to problem solve and manage challenges associated not only with the investigational therapy, but also the psychosocial issues that arise from cancer diagnosis, disease progression, treatment, and disease or treatment-related symptoms. The model uses patient/family caregiver education as the vehicle to support and sustain the patient/family constellation through the clinical trial while addressing critical palliative care in advanced disease. By applying this approach to the full range of difficulties encountered in the advanced illness and clinical trials arenas, patients and families can obtain crucial treatment and support while simultaneously planning for and working through difficult decisions. The investigators anticipate that patients and family caregivers will experience reduced distress, good symptom control, and improved quality of life. In addition, we hypothesize that the enhanced communication skills of both patients and caregivers will lead to earlier identification and intervention with protocol-related complications and will promote improved recruitment and retention on clinical trials, more appropriate resource utilization, and increased frequency and duration in the use of hospice/supportive care. The funded project is innovative in that it combines two previously successful strategies for intervention - the COPE problem-solving model and the concept of Simultaneous Care (SC), palliation during clinical trial participation - in a population of patients personally or systematically denied access to similar care during participation in disease-directed therapy (DDT). The project leaders plan to disseminate the findings of the SCEI implementation and evaluation by hosting a national meeting for fifty cancer centers in the last year of the grant period in order to promote better care for patients across all cancer centers.

To date, a Palliative Care Operations Office has been established at UC Davis that manages grant activities for the study including randomizing patients at three sites to either the intervention or control arm of the study. The Operations Office has developed a database for collecting demographic information on both patients and caregivers, and for collecting data using five validated instruments at five time points.

Title:	**Micro-level Barriers in Accrual to Cancer Clinical Trials**
Principal Investigator (Project):	Debora Paterniti, PhD
Grant/Contract Number:	01-01560E
Source of Support:	National Cancer Institute
Approved/Proposed Dates:	09/01/03 – 08/31/05
Total Costs:	$218,323

The proposed study seeks to undertake a "bottom-up" approach to addressing interactional "breakdown" as a critical component of understanding and eliminating (or at least mitigating) barriers to early phase clinical trials. Detailed observations of the process of patient recruitment and participation in early phase trials will be used to validate the consent study observations and identify important elements related to the accrual process. Focus group interviews with diverse subgroups will provide both qualitative and quantitative information about differences in perceptions of important recruitment-related elements, which will be compared and summarized for each group and compared across groups. Differences will point to potential "breakdown" in interaction and will guide the design and implementation of a micro-level, communication-based intervention. We will then implement the intervention and evaluate its efficacy.

IRB documents have been submitted for approval of exemption for Phase I of the research.

Title:	**Intervening to Increase Follow-up to Abnormal Mammograms**
Principal Investigator (Project):	Debora Paterniti, PhD
Grant/Contract Number:	02-01702V
Source of Support:	Agency for Healthcare Research and Quality
Approved/Proposed Dates:	09/01/01-08/31/05
Total Costs:	$921,862

Too many women fail to follow-up on their abnormal mammograms and in doing so may reduce their chances of surviving breast cancer. Ethnic minority women with breast cancer have poorer survival rates than white women, even when they have similar access to care. Interaction with health professionals is key to patient compliance with medical recommendations, especially in older populations where barriers to follow-up are more significant. To design an intervention that will enhance communication between women and health professionals, we must first understand the barriers to action and perceived self-efficacy that restrict timely follow-up to abnormal mammograms by patients of different racial/ethnic backgrounds. The goal of this 4-year randomized controlled trial is to develop an intervention that will assist health professionals and women to communicate about barriers to timely abnormal mammogram follow-up (FU) in order to increase FU to abnormal mammograms and improve outcomes in women with breast disease. By increasing the likelihood that women and their health professionals can talk about barriers to follow-up to abnormal mammograms, we hope to increase early detection of breast cancer and enhance survival rates.

Results from clinical record reviews indicate that white women are twice as likely to return for follow-up to abnormal mammogram (p=.003) than non-white women (African Americans and Latinas) in the community clinic population under study. Family history of breast cancer does

not play a role in timely follow-up to abnormal mammogram. Nearly one-third of the women at the community clinic, who had not followed-up on their abnormal mammogram as suggested by clinical personnel, scheduled and maintained a follow-up appointment subsequent to our study notification. Focus group analysis shows thematic differences by race across groups related to self-efficacy, reliance on social networks, trust in technology, and comfort with decision-making. For women who participated in focus group discussions, perspectives of self-efficacy in follow-up play a greater role in reported follow-up to abnormal mammogram than insurance status. Data from focus groups have been used to construct a communication intervention. The study is on going and will (1) evaluate the effect of study notification on follow-up, and (2) test the effect of a communication intervention on follow-up to abnormal mammogram.

Publications:

Ashton CM, Haidet PM, **Paterniti DA**, Collins TC, Gordon HS, O'Malley K, Petersen LA, Sharf B, Suarez-Almazor M, Wray NP, Street RL. Racial And Ethnic Disparities In Health Care: Doctors' Biases, Patients' Preferences, or Poor Communication? *Journal of General Internal Medicine* 18(2):146-152. 2003.

Title:	**The Clinical Negotiation in Visits by Older Patients**
Principal Investigator (Project):	Debora Paterniti, PhD
Grant/Contract Number:	n/a
Source of Support:	University of California Health Systems Research Award
Approved/Proposed Dates:	07/01/01-06/30/03
Total Costs:	$149,995

A goal of this study is to understand how older patients use requests to influence physician behavior and how physicians can successfully negotiate with older patients in the context of the changing healthcare environment. In pursuit of this goal, the objectives of our project are to describe qualitatively the clinical negotiation in medical visits by older patients; identify the antecedents and consequences of older patients' requests in different clinical contexts; and contrast successful and unsuccessful patterns of clinical negotiation between older patients and their doctors. Data, including 860 audio taped recordings of physician-patient visits, come from the Physician Patient Communication Project, which recruited physicians (cardiologists, internists and family practice physicians) working in two types of medical service organizations.

A proportion of the audiotapes (n=632) were selected randomly and transcribed for detailed qualitative analysis. Patients' strategies for negotiating changes in a course of care that had previously been agreed upon by patient and physician emerged from qualitative analysis of the transcripts. While these strategies sometimes took the form of requests, they were more frequently revealed to the physician by the patient during the general course of the visit. The most frequent changes patients negotiated were changes to their prescribed drug regimen. Other common changes included negotiating scheduled visits for diagnostic tests or preventive care; changes in diet, exercise and smoking regimen; and use of alternative or complementary therapies. Older age and minority race are associated with higher probability of expressing having changed the agreed upon course of treatment. Analyses of these data are on going.

Title:	**Medicare+Choice and Minority Elderly**
Principal Investigator:	Debora Paterniti, PhD
Grant/Contract Number:	4600402460
Source of Support:	National Institutes of Aging Subcontract with Baylor College of Medicine (Robert O. Morgan, PhD (PI))
Approved/Proposed Dates:	10/01/02-09/30/05
Total Costs:	$12, 195 (1,400,000)

This study has two broad objectives. First, we will examine the availability of Medicare HMOs and benefit packages for beneficiaries of differing race/ethnic classifications, how HMO enrollment rates are related to race/ethnic classification and range of plan benefits, and how the availability of the HMOs and HMO enrollment by different race/ethnic groups changed subsequent to implementation of BBA provisions. Second, we will determine individual level characteristics related to HMO plan enrollment among elderly white, black and Hispanic Medicare beneficiaries, whether factors which elderly black and Hispanic beneficiaries report as influencing their enrollment in HMOs differ from those that influence white Medicare beneficiaries, and whether black and Hispanic beneficiaries enrolled in HMOs differ from HMO enrolled elderly white beneficiaries in terms of their self-reported health, use of health care, and perceived access to care. We will use both population-based (using Medicare administrative data) survey methodologies to examine the availability of plans and services, plan selection by enrollees, and individual level factors affecting access to and use of medical care.

The survey has been constructed and approved by the Institutional Review Board of Baylor College of Medicine. The survey has been pilot-tested and will be sent out this summer.

Title:	**Understanding Barriers to Informed Consent In Cancer Clinical Trials**
Principal Investigator (Project):	Debora Paterniti, PhD
Grant/Contract Number:	IRG-95-125-04
Source of Support:	American Cancer Society
Approved/Proposed Dates:	07/01/01-06/30/02
Total Costs:	$20,000

The proposed project is designed to explore patients' perspectives regarding the informed consent process for cancer clinical trials, and patients' motivations for and perspectives on trial participation. The goal of the proposed project is to understand the consent process for cancer clinical trials from the perspective of cancer patients enrolling in cancer clinical trials. Qualitative methods of observation and interview will be used to collect information about patients' experiences of accrual to clinical trials and of the informed consent process.

A total of 56 hours of observational field research over a nine-month period were conducted at the UC Davis Cancer Center outpatient oncology clinic and the pediatric oncology clinic. 76 observations between physicians, cancer patients, and patients' family members included fifty-nine unique patients with diverse cancers (lung cancer was the most common type of cancer), ranging from 4-85 years of age. 75% of patients were male and 59% were White. Twenty-four individuals (patients and family) were interviewed about the process or accrual to a cancer

clinical trial. While both patients and family members reported that family members were instrumental in assisting with patient decision-making regarding clinical trial participation, analysis of interview data suggests qualitative differences in patients' and family members' motivations for patient participation and in their understandings of the consent process, including the primary motivations for participating in the trial. While patients and family members might agree on some of the same motivating factors as important to research participation, they emphasize these factors differently. Patients' most common motivation for participating in a cancer clinical trial was because standard cancer therapies were no longer of benefit to the type of cancer the patient had. Family members, however, felt that physician recommendation was the most common motivation for patients' participation in a clinical trial. Both patients and family members expressed concern over the possibility of the patient experiencing the known side effects of investigational therapy. However, patients were most concerned with their prognosis and pain-related issues. Most patients and family members felt that they got the information they needed from their physician; however, not all agreed to the relative importance of that information to their decision about patient participation in research.

Publication:

Paterniti DA, Lara PN, Rich BA, Wun T. Informed consent in cancer clinical trials. *Proc Am Soc Clin Oncol* 21:1036. 2002.

Title:	**Medicare HMO enrollment and VA use by minority and low income veterans**
Principal Investigator:	Debora Paterniti, PhD
Grant/Contract Number:	01-01560E
Source of Support:	Department of Veterans Affairs (Robert O. Morgan, PhD (PI))
Approved/Proposed Dates:	09/01/01-08/31/03
Total Costs:	$23,028

Health Maintenance Organization (HMO) enrollment by dually eligible (VA) veterans raises concerns about management of care and increasing costs. Although co utilization and Medicare fee for service (FFS) has been well described, Medicare's HMOs differ from Medicare FFS in the scope of services covered and how access is managed. Further, changes implemented under the Balanced Budget Act (BBA) may significantly impact the availability of Medicare HMOs, particularly for low income and minority individuals. This study has two aims: (1) to examine individual-level factors affecting enrollment by minority and low-income veterans in HMO plans, as well as use of medical care and satisfaction with care by these VA users compared to White and higher-income veterans, and to veterans who do not use the VA system, and (2) to examine patterns of enrollment in Medicare HMOs by different race/ethnic and income-based sub-groups of VA users, and to describe changes in HMO enrollment by VA users following the implementations of the BBA provisions.

A total of 3,255 surveys have been collected and are currently being analyzed.

Title	Support for AHRQ Quality Indicators
Principal Investigator	Patrick Romano, MD, MPH
Grant/Contract Number	PY-2075
Source of Support	AHRQ (subcontract through Stanford)
Approved/Proposed Dates	6/1/02 – 6/30/04
Total Costs	$182,342

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. In the past year, our work has focused on several updates and refinements to these indicators. A draft report has been written by Drs. Rainwater and Romano on the current status of public reporting systems in the U.S, and the potential usefulness of the AHRQ QIs and other related indicators for public reporting on hospital performance.

Title	**INQUIRE**
Principal Investigator	Patrick Romano, MD, MPH
Grant/Contract Number	IR18HS10985A
Source of Support	AHRQ
Approved/Proposed Dates	9/30/00 – 8/31/04 (new end date)
Total Costs	$494,235

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.

In 2002, we developed 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 a wide array of health plan choices and is a good setting for testing the impact of educating and motivating consumers about health plan choice. Beginning in May 2003, when the majority of PacAdvantage members participate in OE, we implemented Phase II, the randomized trial of the intensive quality dissemination. A sample of PacAdvantage members were randomly allocated to one of four intervention subgroups – the "Information Content: Personalized Reports" intervention, the "Education/Motivation: Active Consumer Education" intervention, both, or neither. Only the "Education/Motivation" intervention has been implemented to date. Members assigned to this group received an invitation to call a toll-free number to speak with a Health Plan Quality Advisor at the "Quality Information Education Center". The advisors are specially trained to "activate" consumers by (1) educating them about quality information and its use, (2) motivating them to use this information to get better health care for themselves and their families, and (3) answering any general questions they may have related to quality of care and health plan/medical group choice. The Quality Information Education Center will continue to

operate until the end of July 2003. During the summer and fall 2003, all sampled PacAdvantage members will be sent a Post-Intervention questionnaire to measure the impact of the intervention. Measures of impact include health plan or medical group switching (or contemplation thereof), knowledge of the health care market, satisfaction with current plan and medical group, trust or confidence in the plan and physician, and self-efficacy related to health plan and provider interactions. Our results will help to establish a benchmark for future dissemination efforts by both private and public purchasers.

Title	**Construct OB Outcomes Data and Reports**
Principal Investigator	Patrick Romano, MD, MPH
Grant/Contract Number	00-0162
Source of Support	Office Statewide Health Planning and Development
Approved/Proposed Dates	3/1/01 – 6/30/04
Total Costs	$207,161

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 met in March 2003. 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.

Title	**Maternal Outcomes Reporting Initiative**
Principal Investigator	Patrick Romano, MD, MPH
Grant/Contract Number	02-2259
Source of Support	California Health Care Foundation
Approved/Proposed Dates	10/15/02 – 12/31/03
Total Costs	$80,080

The objective of this project is to develop, validate, and test new maternity outcomes measures for inclusion in a California public report scheduled for release by the state in 2003. This initiative stems from OSHPD's interest in providing Californians with comparative information about the quality of hospital maternity services across multiple dimensions of care. The project is a phased approach (Phase I: Initial Model Development and Validation, Phase II: Empirical

Estimation of Physician and Hospital-level Effects as Components of Variation, and Phase III: Indicator Development for Future Maternity Outcomes Measures) to the development and validation of new maternity measures, reflecting both a logical sequencing of tasks and a desire to secure input and support from our Obstetric Clinical Advisory Panel and other review bodies.

These activities will augment a maternal readmission study that OSHPD has already committed to producing.

The Center is actively involved in developing and validating new maternity measures. Measures under consideration include: maternal readmission rates, c-section rates, quality of care risk model, successful VBAC rate and/or VBAC capacity, perineal laceration and episiotomy rates, 5 minute APGAR scores, and Leapfrog NICU standards, breastfeeding, and presence of 24-hr OB anesthesia services.

During 2002-2003 we conducted extensive literature reviews (episiotomy, perineal tears, breastfeeding practices, WHO/UNICEF Baby Friendly Initiative) and informally surveyed area hospitals regarding their completion of the breastfeeding section on the mandated Newborn Screening Form (DHS 4409, source for state reported breastfeeding rates). In addition, we developed potential hospital survey questions (amenable to validation via retrospective chart review) related to specific breastfeeding practices.

Title	**Traumatic Brain Injury Surveillance**
Principal Investigator	Patrick Romano, MD, MPH
Grant/Contract Number	01-15847
Source of Support	CA Dept of Health Services
Approved/Proposed Dates	1/1/02 – 9/30/04
Total Costs	$447,456

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 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. We plan to develop and pilot a comprehensive data collection instrument for a similar child maltreatment validation study. An additional epidemiologist will be hired to implement the sexual violence surveillance system.

Title	**Public Response to Implementation of AB 394**
Principal Investigator	Patrick Romano, MD, MPH
Grant/Contract Number	01-16447
Source of Support	DHS Licensing and Certification
Approved/Proposed Dates	4/01/02-03-31-04
Total Costs	$183,957

California Assembly Bill 394 requires the California State Department of Health Services (DHS) to adopt regulations that establish minimum nurse-to-patient ratios within acute care general, special, and psychiatric hospitals. DHS contracted with CHSR/PC contracted to provide analytic and technical support as they considered various policy options. In collaboration with the Center for Nursing Research, we completed Phase I of the project: a review of available empirical literature and a summary of the deliberations of an expert clinical panel concerning the best nurse-sensitive indicators for tracking the effects of AB 394 on patient, provider, and institutional outcomes. Phase Two analyzed the results of a statewide hospital survey designed to collect information on current staffing patterns in California acute care hospitals.

DHS required additional services from CHSR/PC as the regulations proceeded through the rulemaking process. During the past year, CHSR/PC responded to questions and critiques from CDHS staff and all other interested parties regarding the methods used, and results of, all studies funded under the previous above referenced contract. Additionally, information was prepared estimating the financial impacts of various regulatory proposals for individual hospitals and sets of hospitals. The information includes data on patient days and licensed nurse staffing from OSHPD's Hospital Annual Disclosure Report, adjusted based on findings from the UC-CDHS Empirical Analysis of Hospital Survey Data.

Title	**Informatics tools to reduce warfarin dosing errors.**
Principal Investigator	Richard H. White, MD
Grant/Contract Number	PHS-HS11804A
Source of Support	The Agency for Healthcare Research and Quality
Approved/Proposed Dates	10/2001 – 9/2004
Total Costs	$1,007,000

The WARfarin DOsing and Communication System (WARFDOCS) 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 has developed a PDA-based tool to assist in accurately prescribing warfarin in the hospital and to generate anticoagulation discharge summaries to aid the transition to outpatient care. The project is evaluating a protocol in which these tools are used by hospital pharmacists to make recommendations to inpatient physicians during warfarin therapy and to provide inpatient treatment summaries and recommendations to physicians doing outpatient follow up.

The project has contracted with six hospitals to participate in the trial: UCDMC, Kaiser

Sacramento (Morse Ave.), Mercy San Juan, Lodi Memorial, Marshall Hospital (Placerville), and St. Joseph's Medical Center (Stockton). Pharmacists at each site have been trained and data collection has begun at 2 sites (Marshall and St. Joseph's), with UCDMC conducting preliminary trials of the data collection process.

E. Education and Training Activities

The Center remains committed to providing training and education for our campus community with the goal of enhancing skills and abilities in the conduct of health services research. In achieving this goal, the Center utilized a variety of educational approaches targeting undergraduates, graduate and professional students, postdoctoral trainees, staff and faculty.

Along these lines, the Center continued to sponsor a weekly health services research journal club where junior researchers matched with senior research mentors present articles from the health services research literature. The faculty leaders use guided discussion and critique of recent articles to illustrate important methodological or policy principles. A list of Journal Club articles discussed in 2002-2003 can be found in Appendix 5. In addition, the weekly noon seminar continued to provide a forum for researchers to present their research and receive feedback from other researchers. Appendix 4 lists the titles for the 36 seminars offered during the past year. The seminar series offers Continuing Medical Education credit to practicing physicians, and graduate students in Epidemiology earn one unit of course credit for each quarter of regular attendance.

Center faculty are involved in teaching a number of undergraduate and graduate courses. Several are members of the Graduate Group in Epidemiology and provide mentoring to graduate students. The Center's faculty participate in a variety of formal course activities in the Master of Public Health program, offering instruction in both the core curriculum and elective courses. The Center affords Undergraduate student opportunities to learn research via 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.

The most exciting development in education activities occurred in the past year when the Center launched the Primary Care Outcomes Research Fellowship Program (PCOR). The fellowship is a collaborative effort between the Center and three primary care clinical departments in the School of Medicine, the Departments of Family and Community Medicine, Internal Medicine and Pediatrics. Start up funding was provided by Dean Silva with each department committed to providing additional support for fellows based in their clinical discipline. Utilizing the funding available to start the program, the Center applied and was awarded extramural funding to support the fellowship via a training grant program funded by Department of Health and Human Services, Health Resources and Services Administration. 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. 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 in caring for culturally diverse,

underserved populations. They will be advocates for these underserved populations and leaders in academic medicine and government.

To this end, two fellows were recruited for the initial class: Tonya Fancher, a general internist and Zoey Gore, a pediatrician. Both were accepted into the Masters of Public Health program's first class. The PCOR fellowship is spread over two years; the fellows spend much of the first year completing 48 units of course work with the second year principally devoted to completing a research project. Through out the two years, fellows are expected to devote one full day per week to clinical teaching typically in the form of precepting medical students and/or residents. The PCOR Steering Committee has identified three individuals to fill the slots for the second class will beginning August 1, 2003.

F. 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. Forty of our 73 members have contributed to these 97 publications.

II. Summary and Future Plans

As the Center enters its fifth 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 four 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 FY 1998-99, 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 $1,034408. During FY 2002-03, seventeen proposals were submitted requesting $27,437,098, all for extramural funding. As of this report seven of the 17 proposals will be funded totaling $4,202,424. The average funding awarded per grant in FY 1998-99 was $258,602; the amount per award during this current review period increased to $600,346.
- 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., Marcin, Pan, Jerant, Nuovo, Garcia, Srinivasan, Keenan, Hilty, Hodge, Hogarth, Paterniti) 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.
- Recruited a talented and dedicated staff of approximately 25 administrators, analysts, and research assistants who are available to help faculty conduct research and further the Center's mission. Some staff have progressed to the point where they are PIs on their own grants.

- 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, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl).
- Consulted with UCD Health System, campus, and UCOP administrators on issues related to the Center's expertise, including chronic disease management, program evaluation, health benefits mandates, implementation of the electronic medical record, residency training, faculty development, etc.

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

A second challenge involves becoming an indispensable policy resource to the California State government. The Center has taken some strides in this direction: Dr. Romano has a longstanding relationship with the Office of Statewide Planning and Development; the Center recently 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 smaller projects; and we are negotiating with the Department of Corrections to evaluate the organizational structure of the correctional health system. Nevertheless, further relationship-building is needed. In addition, 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.

A third challenge is to integrate more completely with the strategic plan of the UCD Health System and the campus. Center faculty are already integrally involved in the four research areas identified by the School as priorities for expansion: cancer, neurosciences, infectious diseases, and vascular biomedicine. For example, Drs. Melnikow and Paterniti have both served as PIs on National Cancer Institute RO1-type grants; Dr. Hinton has a K23 focusing on caring for patients with dementia; Dr. Kravitz is the official "evaluator" of UCD's Developmental Center for AIDS Research (D-CFAR); Dr. Franks recently submitted a grant evaluating the effect of a patient-centered care intervention on clinical outcomes in diabetes; and Dr. Leigh has conducted extensive research on the societal costs of tobacco smoking (including costs associated with vascular disease). However, further integration is essential to gain critical mass and attain the synergies necessary to successfully compete for larger program-project grants.

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 were as follows:

- Change center name and expand mission to better reflect current and future scope of work.
- Maintain strength in health communication, quality of care, patient centered-care, clinical outcomes and women's health.
- Expand programs in racial and ethnic health disparities, aging and pediatric HSR.
- Facilitate collaborative workgroups with defined focus areas linked to specific funding opportunities
- Improve internal and external communication.

As a result of the January 8 meeting, the Center has:

- Initiated the name-change process. Pending School and Campus approval, the center will be known as the UC Davis Center for Health Care Policy and Research (CHCPR).
- Begun discussions with Adela de la Torre (Chicano Studies), David Carlisle (OSHPD), Moon Chen (Epidemiology and Preventive Medicine), and David Hayes-Bautista (UCLA) about specific means for expanding the Center's work in ethnic disparities.
- Continued its commitment to support preparation of large program project grants with core dollars (as it did with the Cancer Communication Program Project proposal submitted by Joy Melnikow in Fall 2002).
- Identified three operational principles and communicated these repeatedly to Center staff (coherence, efficiency, learning)
- Appointed an internal staff steering committee (the "Group of Six", or G6) to focus on putting these principles into practice. The G6 has already launched a semi-weekly Center newsletter, developed policies for supply recharges and staff training and development, encouraged greater staff involvement in Center programs (e.g. seminar and journal club), and promoted greater cross-training and cross-coverage among projects.

In the coming year, Center leadership will focus on expanding upon these initiatives as well as meeting the challenges noted above. Specifically, the Center will:

- Redouble its efforts to expand research programs in health disparities. The most promising strategy at this point would appear to involve collaboration with Chicano Studies, Cancer Control, and Asian American Studies.
- Continue internal re-engineering and reform. The goal is to create an environment where many research tasks are routine and to give staff a sense of "how we do things here." As a result of enhanced speed and efficiency, we expect that more faculty will be drawn to work with the Center.
- Continue efforts to involve campus-based social and statistical scientists. A recent lunch meeting with the Department of Psychology (involving almost 20 faculty and graduate students) sparked several collaborations; more meetings are planned.
- Continue to exploit opportunities to work with the State and further secure the Center's growing reputation as a venue for sound clinical and policy analysis. Discussions are currently being held with the Office of the Patient Advocate, the Department of Corrections, and (via the UC Office of the President) the State Legislature.
- Continue to serve as a local resource for quality improvement, chronic disease management, and evaluation of information sciences initiatives. It should be noted, however, that Center research staff are largely dependent upon extramural grant income

for their salaries. Long-term, discretionary core support is essential to allow the Center the flexibility to recruit and retain staff who can respond to the Health System's growing need for analytic capacity.

III. Financial Reporting

After many years of discussion and planning, the Center has successfully 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). This transition, deemed critical in sustaining the long-term success of the Center, allows direct management of the Center's fiscal and personnel resources. This infrastructure will allow the 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.

For Fiscal Year 2002 – 2003, Center expenditures were $1,732,308 from research funds and $263,471 from core funds. Sixteen new proposals were submitted seeking funding of $27,437,098. At the time of this report, six proposals submitted during the reporting period have been approved for funding, totaling $4,099,011. In 2003-04, we project expenditures of $2,465,396 in research funds and $264,120 in core funds.

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
de la Torre, Adela	Chicano/Chicana Studies
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
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

Name	Department
McCann, John, MD	Pediatrics
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
Wilkes, Michael S., MD, PhD.	Vice Dean, Medical Education
Wisner, David H., MD	Department of Surgery

APPENDIX 2

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

Richard L. Kravitz, MD, MSPH
Professor and Director Department of Internal Medicine
UC Davis Health System
Center for Health Services Research in Primary Care
4150 V St, Ste 2500
Sacramento, CA 95817
Phone: (916) 734-1248
Fax: (916) 734-8731
Email: rlkravitz@ucdavis.edu
Asst: Deborah Wadley
Phone: (916) 734-2818
Email: dawadley@ucdavis.edu

Gary A. Fields, MD
Medical Director
Sutter Physicians Alliance
2800 L St
Sacramento, CA 95816
Phone: (916) 454-6653
Fax: (916) 454-6694
Email: fieldsg@sutterhealth.org
Asst: Terry Adams
Phone: (916) 454-6661

Bette G. Hinton, MD, MPH
Health Officer
Yolo County Health Department
10 Cottonwood St
Woodland, CA 95695
Phone: (530) 666-8645
Fax: (530) 666-8674
Email: bette.hinton@ccm.yolocounty.org
Asst: Norma Springsteen
Phone: (530) 666-8645
Email: norma.springsteen@yolocounty.org

T. Warner Hudson, MD, FACOEM, FAAFP
DST Output
Director Health, Safety, & Environment
1102 Investment Blvd, #3033
El Dorado Hills, CA 95762
Phone: (916) 939-5580
Fax: (916) 939-4500
Email: warner_hudson@dstoutput.com
Asst: Jennifer Littlefield
Phone: (916) 939-4555

John H. Kurata, PhD, MPH, FACE
Chief Chronic Disease Epidemiology Section (CDES)
Department of Health Services – State of California
601 N 7th St, MS 725
Sacramento, CA 95814
Phone: (916) 445-7102
Email: jkurata@dhs.ca.gov

Carol A. Lee, Esq.
President and CEO
California Medical Association (CMA) Foundation
1201 J St, Ste 350
Sacramento, CA 95814
Phone: (916) 551-2562
Fax: (916) 551-2544
Email: clee@cmanet.org

Kathryn Lowell
DMG Maximus
4320 Auburn Blvd, Ste 2000
Sacramento, CA 95841
Phone: (916) 485-8102 x-168
Fax: (916) 977-3802
Email: klowell@maxinc.com

Len McCandliss
President
Sierra Health Foundation
1321 Garden Highway
Sacramento, CA 95833
Phone: (916) 922-4755
Fax: (916) 922-4024
Email: lmccandliss@sierrahealth.org
Asst: Kathryn Martin
Phone: (916) 922-4755
Email: kmartin@sierrahealth.org

Jack Rozance, MD
Physician-in-Chief
Kaiser Permanente
2025 Morse Ave
Sacramento, CA 95825
Phone: (916) 973-7444
Fax: (916) 973-7413
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
Phone: (510) 271-5691
Fax: (510) 267-2190
Email: Murray.Ross@kp.org

Estelle Saltzman
Runyon, Saltzman, & Einhorn
1 Capitol Mall, Ste 400
Sacramento, CA 95814
Phone: (916) 446-9900
Fax: (916) 446-3619
Email: esaltzman@RS-E.com
Asst: Joyce Kemper
Email: jkemper@RS-E.com

Hibbard E. Williams, MD
Professor and Dean Emeritus
Sponsored Programs
UC Davis School of Medicine
TB 150
Davis, CA 95616
Phone: (530) 752-5358
Fax: (530) 752-5367
Email: hewilliams@ucdavis.edu

APPENDIX 3

UC Davis Center for Health Services Research in Primary Care
Summary of Proposals Submitted
2002 – 2003 Academic Year

	Principal Investigator/Project Director	Department	Title of Grant	Submitted To	Date Submitted	Amount Requested	Outcome
1	Franks, Peter	Family & Community Medicine	Do Reporting Biases Mitigate Disparity Estimates?	NIH	7/3/2003	$103,413	Funded
2	Edward Callahan, PhD	Family & Community Medicine	Minority SAP and HIV Prevention Services Program	SAMHSA	7/23/2002	1,014,680.00	Funded
3	Joy Melnikow, MD	Family & Community Medicine	Communicating with Diverse Populations Across the Cancer Continuum (CD PACC)	NIH	8/15/2002	10,851,165.00	Not funded
4	Patrick Romano, MD, MPH	Internal Med/Gen Med	Maternal Outcomes Reporting Initiative	California HealthCare Foundation	10/22/2002	80,000.00	Funded
5	Patrick Romano, MD, MPH	Internal Med/Gen Med	PCOR Fellowship Training Grant	HRSA Training	11/18/2002	786,940.00	Funded
6	Richard Kravitz, MD, MSPH	Internal Med/Gen Med	Comparative Information on Prescription Drugs Advertised Directly to Consumers	California HealthCare Foundation	12/1/2002	600,454.00	Funded
7	Patrick Romano, MD, MPH	Internal Med/Gen Med	AB 394 Public Review	DHS Licensing and Cert	4/1/2002	183,957.00	Funded
8	Michael Wilkes, MD, PhD	Internal Med/Gen Med	Interactive ELSI Curriculum for Primary Care Residents	NIH	1/1/2003	1,432,980.00	Funded
9	Richard Kravitz, MD, MSPH	Internal Med/Gen Med	Randomized Evaluation of a Web-based Breast Cancer Tutorial	CBCRP	1/9/2003	$499,971	Pending
10	Nathan Kuppermann, MD, MPH	Internal Med/Gen Med	Childhood Head Trauma: A Neuroimaging Decision Rule	NICHD	2/1/2003	1,941,988.00	Pending
11	Peter Franks, MD	Family & Community Medicine	A Randomized Trial to Promote Patient-Centered Care	NIH/Rochester	3/1/2003	2,424,863.00	Pending
12	Nathan Kuppermann, MD, MPH	Internal Med/Gen Med	Childhood Head Trauma: A Neuroimaging Decision Rule	MCHB	3/1/2003	1,941,988.00	Pending
13	Michael Wilkes, MD, PhD	Internal Med/Gen Med	Statewide Initiative to Improve End-of-Life Education	NIH	3/2/2003	5,133,185.00	Pending

14	Peter Franks, MD	Family & Community Medicine	A Twin Study on Education and Health	NIH/Seattle	3/26/2003	$157,380	Pending
15	Kravitz, Richard MD MSPH	Family & Community Medicine	Consumer Influences on Treatment of Depression (Supplement)	NIH	6/12/2003	$139,179	Pending
16	Leigh, Paul PhD	Internal Med/Gen Med	Differences Across Physician Specialties in Perceived Quality of Care, Managed Care Exposure and Pay Schemes:A Research Proposal	HCFO	6/26/2003	$99,973	Pending
17	Rainwater, Julie PhD	Internal Med/Gen Med	Evaluation of the California HMO Report Card	DMHC	6/3/2003	$148,395	Not Funded
						$27,437,098	4,202,424.00

APPENDIX 4

UC Davis Center for Health Services Research in Primary Care
Seminar Series Presentations 2002 - 2003

	Presenter	Department/Institution	Presentation	Date
1	Jerry Reeves, MD	WorldDoc Inc	Implications of online doctor-developed health decision support services	**DATE**
2	Peter Franks, MD	Fam & Comm Med/UCDMC	Is health insurance cost effective?	8/1/2002
3	Elaine Waetjen, MD	Obstetrics and Gynecology/ UCDMC	The epidemiology of urinary incontinence over the menopausal transition	9/5/2002
4	Several	Several	Special: Eighth Annual UC Davis Cancer Research Symposium -- Poster Viewing	9/12/2002
5	Bernard Ewigman, MD, MSPH	University of Chicago, Department of Family Medicine	Developing a web-based Primary Care research network	10/3/2002
6	Jay Milstein, PhD	Pediatrics/UCDMC	Palliation at the beginning and throughout life	10/10/2002
7	Naihua Duan, PhD	Psychiatry & Biostatistics/ UCLA	A quest for evidence beyond evidence-based medicine: Unleashing clinical experience through evidence farming	10/17/2002
8	Elizabeth A. McGlynn, PhD	RAND	Developing comprehensive quality assessment tools: The RAND QA Tool System	10/24/2002
9	Patrick Romano, MD, MPH	General Medicine-Peds/UCDMC	The health insurance portability and accountability act: Implications for clinical and health services research	10/31/2002
10	Joy Melnikow, MD, MPH	Fam & Comm Med/UCDMC	Breast cancer concern and sources of breast cancer information: An interview study	11/7/2002
11	Nathan Kuppermann, MD, MPH	Emergency Med & Pediatrics/UCDMC	Grant Input: Clinical decision rules for identifying children with brain injuries after blunt trauma: Multi-center trial	11/14/2002
12	Anthony Jerant, MD	Fam & Comm Med/UCDMC	Work-in-progress: Development and evaluation of an internet resource to support informed colorectal cancer screening	11/21/2002

	Presenter	Department/Institution	Presentation	Date
13	Caroline Chantry, MD	Pediatrics/UCDMC	Safety and feasibility of flash-heated breastmilk to prevent mother-to-child transmission of HIV	12/5/2002
14	Denise B. Kandel, PhD	Sociomedical Sciences in Psychiatry, Columbia University	The natural history of smoking and nicotine dependence	12/12/2002
15	Henry Young	Teaching Assistant, University of Florida	A social cognitive rationale for consumers' intended communication behavior in response to direct-to-consumer advertising	12/16/2002
16	Malathi Srinivasan, MD	General Medicine/UCDMC	Work-in-progress: Evaluation of a digital radiology system on physician workflow	12/19/2002
17	Marc Schenker, MD, MPH	Epidemiology & Preventive Medicine/UCDMC	Environmental asbestos: Is it dangerous living in the foothills?	1/9/2003
18	James P. Marcin, MD, MPH	Pediatrics/UCDMC	Telemedicine for pediatric patients presenting to rural, underserved emergency departments	1/16/2003
19	Laurel Beckett, PhD	Div of Biostatistics, Epidemiology & Preventive Medicine/UCDMC	Longitudinal studies of Alzheimer's Disease: Understanding a complex neurodegenerative process	1/23/2003
20	Malathi Srinivasan, MD	General Medicine/UCDMC	Development of palliative care web-based teaching tools: Practice session for Dr. Srinivasan's career development award	1/30/2003
21	Robert Byrd, MD, MPH and Michael Wilkes, MD, PhD	Pediatrics/UCDMC and Vice Dean, Ofc of Medical Edu/UC Davis	Creation of a multidisciplinary teen clinic: How we can realize the research and clinical opportunities at UCDMC	2/6/2003
22	Paul Leigh, PhD	CHSR/PC/UCDMC	Injuries and orderlies: Costs of occupational injury within the health services sector	2/13/2003
23	Lorena Garcia, MPH, DrPH (Post Doctoral Fellow)	Chicana/o Studies/UC Davis	Acculturation and intimate partner violence (IPV) among Latinas	2/20/2003
24	Jonathan Ducore, MD	Pediatrics/UCDMC	Race, ethnicity, and survival in childhood cancer	2/27/2003
25	Debora Paterniti, PhD	CHSR/PC/UCDMC	Work-in-Progress: Understanding follow-up to abnormal mammograms	3/6/2003
26	Kevin Grumbach, MD	Hospital/Community Health Network/ UCSF Dept of Family & Community Medicine	Survey research on physician experiences in California: Review data from physician surveys conducted 1996-2002	3/13/2003
27	Marc Schenker, MD, MPH	Epidemiology & Preventive Medicine/UCDMC	Migration, acculturation, and health -an emerging crises	3/20/2003

	Presenter	Department/Institution	Presentation	Date
28	Christiana Drake, PhD	Statistics/UC Davis	Missing data and the need for imputation	3/27/2003
29	Katherine Dettwyler, PhD	Anthropology and Nutrition/ Texas A&M University	Promoting breastfeeding, promoting guilt	4/3/2003
30	Patrick Romano, MD, MPH	General Medicine-Peds/UCDMC	Refinement and validation of the AHRQ patient safety indicators: Preview of a presentation for the Society of General Internal Medicine	4/10/2003
31	Doug Miller, PhD	Economics/UC Davis	What underlies the black-white infant mortality gap? The importance of behavior, environment, and healthcare	4/17/2003
32	Sheila Enders	Community Health/Cancer Center/UCDMC	Assisting vulnerable populations in end-of-life treatment decisions	4/24/2003
33	Tamara Rader and Andrea Lane	Unified, BMJ Group, BMA House, Tavistock Square, London, WC1H 9JR, Phone: 011 44 207 7000 948	Literature search and appraisal for systematic review: The BMJ Knowledge method	5/8/2003
34	Andi Murphy, Scott Christman, and Konder Chung	OSHPD-Office of Statewide Health Planning & Development	Enterprise GIS Planning and Implementation	5/15/2003
35	Lisa Montell and Alan Brooker	Marketing Research/UCDMC	PEP-C II In-Patient Survey Results	5/29/2003
36	Donald O. Lyman, MD	California Department of Health Services, Div of Chronic Disease and Injury Control	Update with the California Department of Health Services	6/12/2003

APPENDIX 5

UC Davis Center for Health Services Research in Primary Care
Journal Club Articles 2002 - 2003

Date	*Article Title*	*Presenter*
09/19/2002	Probing the paradox of patients' satisfaction with inadequate pain management. J Pain Symptom Manage. 2002 Mar;23(3):211-20.	Richard Kravitz, MD, MSPH
10/03/2002	Risks and benefits of estrogen plus progestin in healthy postmenopausal women. Principal results from Women's Health Initiative randomized controlled trial. Writing group for WHI. JAMA. 2002 Jul 17;288(3):321-33.	Shagufta Yasmeen, MD
10/17/2002	Relations of income inequality and family income to chronic medical conditions and mental health disorders: National survey. BMJ. 2002 Jan 5;324(7328):20-3.	James P Marcin, MD, MPH
10/31/2002	Functional health literacy and the risk of hospital admission among medicare managed care enrollees. American Journal of Public Health. 2002 Aug;92(8):1278-1283.	Tonya Fancher, MD (PCOR Fellow)
11/14/2002	The effect of physician advice on alcohol consumption: Count regression with an endogenous treatment effect. Journal of Applied Econometrics. 2001;16:165-184.	Paul Leigh, PhD
12/12/2002	Can communication skills training alter physicians' beliefs and behavior in clinics? Journal of Clinical Oncology. 2002 Feb 1;20(3):765-769.	Debora Paterniti, PhD
01/09/2003	Comparison of C-reactive protein and low-density lipoprotein cholesterol levels in the prediction of first cardiovascular events. N Eng J Med. 2002 Nov 14;347(20):1557-1565.	Niem Nguyen, Post-MD Trainee
01/23/2003	Variables associated with medication errors in pediatric emergency medicine. Pediatrics. 2002 Oct;110(4):737-742.	James P Marcin, MD, MPH
02/06/2003	A randomized trial using computerized decision support to improve treatment of major depression in primary care. J Gen Intern Med. 2002 July;17(7):493-503.	Jonathan Neufeld, PhD
02/20/2003	Distrust, race, and research. Archives of Internal Medicine. 2002 Nov 25;162:2458-2463.	Debora Paterniti, PhD
03/06/2003	Mortality in Medicare beneficiaries following coronary artery bypass graft surgery in states with and without certificate of need regulation. JAMA. 2002 Oct 16;288(15):1859-1866.	James P Marcin, MD, MPH

Date *Article Title* *Presenter*

03/20/2003	Urinary incontinence after vaginal delivery or cesarean section. N Eng J Med. 2003 Mar 6;348(10):900-907.	Elaine Waetjen, MD
04/03/2003	The effects of primary care depression treatment on patients' clinical status and employment. Health Serv Res. 2002 Oct;37(5):1145-1158.	Jonathan Neufeld, PhD
04/17/2003	Patients' and physicians' attitudes regarding the disclosure of medical errors. JAMA. 2003 Feb 26;289(8):1001-1007.	Shagufta Yasmeen, MD
05/15/2003	Regional Variation in Latino Descriptions of *Susto* Culture. Medicine and Psychiatry 26: 449-472, 2002	Tonya Fancher, MD (PCOR Fellow)
05/29/2003	Patterns of Functional Decline at the End of Life. JAMA, May 14, 2003- Vol 289, No. 18	Tonya Fancher, MD (PCOR Fellow)
06/12/2003	Negotiating palliative care expertise in the medical world. Social Science & Medicine 57 (2003) 277-288	Debora Paterniti, PhD
06/26/2003	Clinical Trials and Statistical Verdicts: Probable Grounds for Appeal. Annals of Internal Medicine. 1983;98:385-394	Peter Franks, MD

APPENDIX 6

UC Davis Center for Health Services Research in Primary Care
Listing of Students Involved in Center Projects
2002 - 2003

Student	Projects
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
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
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 2002 – 2003

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

Year	2002 Author(s) and Publication
2002	Howell LP, Hogarth M, Anders TF. Creating a mission-based reporting system at an academic health center. Acad Med. 2002 Feb; 77 (2): 130-8.
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