



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

2004 – 2005 Annual Report

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

ANNUAL REPORT
2004-2005

The University of California Davis Center for Health Services Research in Primary Care has now completed eleven years of ongoing growth and development. The Center has developed a solid organizational and research base. Over the past three years the Center has become increasingly successful in gathering federal grants, which sometimes represent 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 2004-2005 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 Debora Paterniti, PhD (Associate Director), Patrick Romano, MD, MPH (Education and Training Director), Yali Bair, PhD (Assistant Director for State Health and Policy), Christine Harlan (Program Manager, through September 2004) and Wilhelmina Cottman (Program Manager, beginning October 2004).

Reporting Relationships

Dr. Kravitz reported until March 1, 2005 to Dr. Claire Pomeroy, Executive Associate Dean, School of Medicine, concerning day-to-day administrative affairs. With Dr. Pomeroy's promotion to Dean, reporting lines with the School of Medicine are being unified. Dr. Kravitz continues to report to Vice Chancellor for Research Barry Klein (through Associate Vice Chancellor Bernd Hamann) for long-term programmatic affairs.

Center Space

The transition to the Grange Building has allowed for consolidation of Center resources and more efficient performance as a Research Center. While this short-term solution has created more effective communication among Center staff, it has not solved the long-term issue of acquisition of additional space in response to the Center's continuing growth. We have already outgrown the Grange Building space. In 2004, we added office/research space at satellite

locations in the Western Affairs Building and on the UC Davis campus in Tupper Hall.

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

Computing Resources

Center Computing Mission Statement

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

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

Oversight and Management

With the departure of Geoff Chan earlier this year, Timothy Beer has become our immediate network administrator and computer systems support provider. Physical network data storage and backup is provided by Dan Cotton and his allied School of Medicine IT staff. Access to any computer system located on our physical plants or within our network is regulated by means of secure login and password authentication assigned and controlled by the network administrator from within a Windows Active Directory console.

Standard Workstation Configuration

All CHSRPC computers are Microsoft Windows-based; we do not currently run any Mac or Linux-based machines. Most CHSRPC computers (with the exception of two Service Pack Updated Windows 2000 Professional machines) run Windows XP Professional (Service Pack 2) with supplemental hot fixes installed as they are released. All CHSRPC computers have some version of Microsoft Office (2000, XP or 2003) installed.

All CHSRPC computers have Processing speeds of over 2.0GHz, several operate at over 3.0 GHz. The majority of our systems are Intel-based, but superior overall value has made

AMD-processors attractive enough to build several of our new computers around. The vast majority of the Center's workstations have been purchased through our primary hardware vendor, ASI Partners. However, primary consideration is being given to UC Davis' preferred vendor, Dell – provided they are willing to match ASI offers. Timothy Beer recently upgraded all outdated center workstations himself, saving the center thousands of dollars in unnecessary outside-labor costs, while simultaneously placing the knowledge of our internal computer components and workings in Center hands.

Data Access Management

The level of security assigned to local and network computing resources is determined by a balanced consideration of published UC Davis & UC Davis Health System security policies, HIPAA guidelines and the informed prudence of CHSRPC Network Resource Administrator Timothy Beer, Center Director Richard Kravitz and UCDSOM Domain Administrator Dan Cotton. Governing our overall network security scheme is a conservative philosophy of granting resource and data access to users on a “need-to-see” basis. In other words, we allow users to see and manipulate only that data for which we perceive them having a legitimate need to. This scheme is regulated through the use of “groups” in Windows Active Directory; assigning related staff access to particular folders. When warranted, “users” are assigned access to network folders on individual bases (i.e. private “home” drives).

Physical Resource Security

In addition to employing active directory mapping and resource access security to maintain network security, we ensure that all Windows-based computers are locally protected by use of IPsec security policies that block external access to the computers. The Sacramento Medical Center campus, which we are physically part of, uses a border firewall to block incoming access to their subnets. The School of Medicine network, which we are also part of based on our membership in the UCDSOM domain, employs its own firewall which is intended to block external subnets from accessing member workstations. Thus, we are “doubly-secured”, falling under the protection of both the Medical Center's physical firewall protection and the School of Medicine's logical (Active Directory IPsec policy assigned) firewall protection.

Interdepartmental Data Management: Maximizing Resources without Security Degradation

The Center's Login Server and all of our network-based data are hosted, secured and backed-up by a team of dedicated data-management professionals headed by Dan Cotton and associated ISMED/UCDSOM domain administrators (located in Tupper Hall on the UCD Campus). Within the UCDSOM domain, a substantial amount of drive-storage space (the greater part of a terabyte) has been allocated to – and reserved exclusively for – secure use by CHSRPC personnel.

Timothy Beer is responsible for organizing and delegating access to all data and storage space on the CHSRPC-allocated portion of the UCDSOM data server. Using Windows Active Directory, Timothy manages CHSRPC user accounts to assign and track physical workstations and their primary users and create security-groups that give multiple individuals with common work duties access to common data.

While network data is stored on servers in the UCDSOM domain (physically located in Tupper Hall), all of the software-programs we run at the Center are physically installed on – and accessed from – local CHSRPC workstations (with the exception of Citrix-based applications, which are hosted by the Health System). Data files containing personal or sensitive information, including information on patients, study participants, employees are kept in extremely secure “private” sections of the network drive – accessible only to the file’s creators and legitimate viewers.

High-End Multipurpose Community Workstation

The center maintains an extremely powerful 3.0 GHz Dual-Xeon PC with 3 Gigs of DDR Memory, a DVD-Burner, 21” LCD Monitor, state-of-the-art Scanner and Teleforms & Statistical Software packages. This workstation serves an assortment of projects in need of superior processing power or extensive peripheral services such as demanding statistical analysis or Teleforms survey scanning and processing.

Software Purchasing and Licensing

All software installed and/or used on Center workstations has been properly licensed to the individual systems on which they reside (and to specific individual licensed user(s) when necessary). Center software is typically licensed through one of two purchase-methods: a) through TRC or b) through Individual Software Vendors themselves. On the majority of workstations at the Center, Microsoft Windows XP and Microsoft Office (various versions) are the only software requiring updated licenses. All center Windows and Office installations are licensed through the UC Davis Microsoft Consolidated Campus Agreement which we purchase annually through TRC. The licensing agreement for this coming year was recently worked out between Timothy Beer of CHSRPC and Jacqui Stilson of TRC solutions. We also maintain several licenses for other software including, but not limited to Stata, SAS, Microsoft Visio and Endnote.

First-Rate Virus Protection

All workstations at the Center are protected through McAfee Virus Scan Enterprise 8.0. The policies and virus updates are managed by the Network Associates ePolicy Orchestrator Agent provided and controlled by UCDHS-IS. This scheme has been extremely effective in protecting us against viral and malicious code.

Completely Revamped Center Website

The CHSRPC Website has been transformed and revamped within the last year. The URL has been changed to <http://som.ucdavis.edu/research/chsrpc>. Features of the new website include, but are not limited to: Executive Committee & Core Faculty profiles, Center Staff profiles, a directory of External Advisory Committee Members, a complete listing of current CHSRPC Faculty members and associates, extensive details on Current Funded Research Projects being facilitated by CHSRPC, detailed information on the PCOR Fellowship, a relevant Research Tools and Services section, Calendars for both our past-and-upcoming Journal and Health Services Seminar Series, Information on our upcoming Annual Health Policy Conference, a section with up-to-date Health Policy News Headlines and links, a utility for visitors to generate driving directions to the Center and Basic Center Contact Information. Timothy Beer is the webmaster and primary contact for questions and comments about the site.

Computing Development Plan: SAS Citrix Server

SAS® is one of the most widely used programs by Center statisticians and programmers for project data management and analysis. The Center is currently in the final phases of transitioning SAS from being a locally-run software suite executed from each individual user's desktop computer to a Citrix-based application run off of a single shared server. The benefits of this transition will be felt across the entire Center. Below are just a few of the advantages that our Center stands to gain from the use of a Citrix-based SAS server.

a) Superior Computing Power - No longer will users need to incessantly test the limits of their workstation's resources to execute common SAS tasks, since all such functions will now be served from a single veritable supercomputer. The server that will be responsible for running all SAS processes has been equipped with four 3.2 GHz Xeon processors, boasting a combined processing speed of 12.8. Furnished with its 4 Gigabytes of RAM to spread this processing speed across, this machine will more than adequately accommodate even the most resource-demanding SAS operations.

b) Lower Maintenance, Lower Cost - Shifting the burden of operation from several workstations to a single central server eliminates the costly need to equip each SAS user's workstation with hardware upgrades to maintain SAS operability. In addition to substantially reduced hardware costs, the Citrix-based arrangement will require only a single-server license to be managed (user licenses will be on peripheral to this) – resulting in lowered licensing costs and a drastically simplified license renewal procedure.

c) Unparallel Mobility and Security - SAS users will be able to run the SAS application and access all related data remotely from any computer system with the Citrix client (a tiny 2MB program) installed. This means that tasks which previously required users to physically access their primary Center workstations can now be executed from home, out of state, or even abroad. The data security offered under a Citrix platform will be of the same high-caliber that physicians and researchers across the UC Davis Medical Center have come to rely on in other Citrix-based applications, such as EMR and Lotus Notes.

Center Faculty

Current membership is at 70 and has stabilized over the past two years. Members include School of Medicine faculty, faculty from other UCD campus schools and departments, and several organizations outside the University of California, Davis, including Kaiser and several State of California health agencies. The current mix of Center faculty is 47 (67%) from the School of Medicine and 23 (33%) 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 2004-2005 included:

<u>Faculty</u>	<u>Department</u>
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
Adela de la Torre, PhD	Director and Professor of Chicana/o Studies
Peter Franks, MD	Professor and Core Center Faculty, Family and Community Medicine
Ladsen Hinton	Associate Professor Department of Psychiatry and Behavioral Sciences
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
John Robbins, MD, MHS	Assistant Adjunct Professor, Dept. of Sociology
Patrick Romano, MD, MPH	Professor, General Medicine
	Associate Professor and Core Center Faculty, General Medicine and Pediatrics

Advisory Board

The purpose of the Board of Advisors is to provide CHSRPC leadership with advice on the direction of its programs and consists of leading community members, state health policymakers, and an emeritus dean. The Board did not meet as a group during the 2004-2005 academic year; however, individual board members were tapped for their expertise on a variety of Center-related matters, including issues related to programmatic direction and to select the topic and assist in planning a Center-sponsored Health Policy conference to be held in October 2005. A list of current Board members is provided as Appendix 2.

Administrative Support

CHSRPC Leadership

With recruitment of an ever-larger and more experienced staff, CHSRPC's internal management structure has been periodically reorganized and now depends on a team approach. Responsibility for executing CHSRPC's mission rests with a Director (Dr. Kravitz), an Associate Director (Debora Paterniti, PhD), an Assistant Director for Education and Training (Patrick Romano, MD, MPH), an Assistant to the Director for State Health Policy Research (Yali Bair, PhD), and an Operations Manager (Wilhelmina Cottman). In addition, CHSRPC employs a

financial team of two FTE and is in the process of securing a full-time Grants Development Officer. Through 2004-2005, consistent but informal meetings with senior project staff (including Carol Franz, PhD; Janet Keyzer, RN-C, MPA; Christina Kuenneth, MPH; Jonathan Neufeld, PhD; Julie Rainwater, PhD; and Michael Shults, MA) have maintained the team approach and enhanced Center development and communication.

Project Management

Once a project has been funded, CHSRPC makes available to faculty a number of research support services. A team of experienced *project managers* provides expertise in optimizing project resources, supervising research staff, and preparing research reports. *Research assistants* at the undergraduate, graduate, and post-doctoral levels format questionnaires, conduct telephone surveys, code interactional and qualitative data, assist with data entry and preliminary statistical analysis, and perform library searches. *Statistical analysts* perform data management and analysis of health data. *Nurse specialists* assist with collection and analysis of clinical data obtained from patient records.

B. Outreach Activities

Intramural Outreach

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

Extramural Outreach

CHSRPC continues to function as a resource for the Sacramento region and is involved in a number of local, state and national activities. For example, Dr. Callahan has pulled together over a dozen community organizations to address HIV prevention in the Sacramento area; Dr. White has advised the California Institute for Health Systems Performance; and Dr. Melniow has assembled a coalition to address cancer prevention in Latinos. Dr. Paterniti is the 2004 – 2006 Chair of the Health, Health Policy & Health Services section of *The Society for the Study of Social Problems*, the 2005-2007 Secretary / Treasurer for the Medical Sociology Section of the American Sociological Association, and serves on the editorial board of *HEALTH: An Interdisciplinary Journal for the Study of Health, Illness, and Medicine*. In addition, beginning May 1, 2005, Dr. Kravitz and Dr. Malathi Srinivasan (Center member and Assistant Professor, General Medicine) were selected as Editors of the Society of General Internal Medicine Forum.

C. Research Proposal Development

As a research center, one of our core activities is providing faculty with assistance in the development and submission of extramural research proposals. Proposals generally fall into

three major categories: program project proposals, junior faculty initiated proposals and senior faculty proposals. While program-project proposals impose the greatest demand on resources, a successful proposal will provide additional opportunities to enhance multidisciplinary collaboration. Another major focal point is supporting the efforts of junior faculty members to develop their own areas of research. Particular emphasis is placed on development of proposals to initiate pilot projects as well as full research programs. Senior faculty benefit from experienced support staff available to assist with budget preparation, template sections, and facilitating compliance with submission guidelines and forms. Over time, CHSRPC has gradually shifted its focus from support of smaller pilot and “starter” proposals to larger multi-year federal grants. Nevertheless, we anticipate continued involvement with a variety of funders (federal, state, foundation and other organizations) on projects of varied scope. Appendix 3 summarizes these and other proposals and indicates their funding status at the time of this report.

D. Active Research Projects 2004-2005

During this fiscal year, the Center supported the conduct of 24 research projects. These projects are summarized in the following pages.

Title	Health Policy Conference
Principal Investigator	Yali Bair, PhD
Grant/Contract Number	05-1084 and 57334
Source of Support	California HealthCare Foundation and The California Endowment
Approved/Proposed Dates	6-1-05 to 1-31-06
Total Costs	\$35,000

“From Research to Policy: Transforming California’s Emergency Health Care System” The first annual Center for Health Services Research Health Policy Conference will be held on October 5, 2005. We have obtained funding for this event from the UC Davis Office of the Vice Chancellor for Research, the California HealthCare Foundation and The California Endowment. The conference will bring together researchers, clinicians, legislative and state department representatives to discuss solutions to California’s emergency health care services challenges.

Title	California Health Benefits Review Program
Principal Investigator	Yali Bair, PhD
Grant/Contract Number	None
Source of Support	UCOP
Approved/Proposed Dates	7/1/05-6/30/06
Total Costs	\$45,122

Our Center was asked to participate in legislative analysis through the CHBRP for the first time this year. This is a collaborative project involving several UC campuses, as well as the UC Office of the President, to conduct analysis of pending health mandate legislation. A multidisciplinary group of Center staff and faculty produced two analyses: a summary of the public health impacts of mandating smoking cessation services, and a summary of the medical effectiveness of biologic therapies for rheumatic disease.

Publications/Reports

California Health Benefits Review Program, Analysis of Senate Bill 576 Health Care Coverage: Tobacco Cessation Services, A Report to the 2005-2006 California Legislature, May 20, 2005.

California Health Benefits Review Program, Analysis of Senate Bill 913 Biological Medications for Rheumatic Diseases, A Report to the 2005-2006 California Legislature, April 16, 2005.

Title	Clinical Reviews and IMR Outreach
Principal Investigator	Edward Callahan, PhD
Grant/Contract Number	03MC-IA001
Source of Support	CA Dept of Managed Health Care
Approved/Proposed Dates	7-1-03 to 6-30-05
Total Costs	\$50,000

Funded by the Department of Managed Health Care (DMHC) this contract provides for CHSRPC 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	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. Ongoing training is provided for primary care clinic providers to incorporate prevention messages in their outpatient visits with youth and parents and refer families to the TRUE prevention program. UCDCMC primary care clinics, the Sacramento Community Clinic Consortium and other community-based organizations are primary referral sources. Six community clinics and two Health System

clinics serve as study sites.

Youth are 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. Sessions are offered in Spanish and English. Educational sessions are offered at clinic, community-based organization and school locations throughout Sacramento County. All participants complete a questionnaire before the prevention program begins, immediately afterward and six months after the program.

Title	Do Reporting Biases Mitigate Disparity Estimates?
Principal Investigator	Peter Franks, MD
Grant/Contract Number	412508-G
Source of Support	University of Rochester
Approved/Proposed Dates	9/15/03-8/31/05
Total Costs	\$103,413

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

National self-report surveys show minimal racial disparity in mammography, while analyses of administrative data show large disparity. Using the 1998 - 2002 Medicare Current Beneficiary Surveys, which contain participants' self-report and claims data, we developed multivariable adjusted models examining factors associated with self-reported mammography and self-reported mammography verified by billing records. No racial/ethnic disparities were found in self-reported mammography. Verified mammography, however, revealed significant disparities for race/ethnicity, education, income, insurance, and health status. Supplementary analyses, including analysis restricted to radiologists providing mammography to both white and minority respondents, confirmed longer intervals between mammography claims for minority women. Race/ethnicity, education, income, insurance, and health status are associated with a lower likelihood of self-reported mammography verified by the existence of claims data. These data caution against exclusive reliance on self-report survey data to assess disparity in mammography. A paper has been submitted to Medical Care.

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 study aims were: a) to estimate the effect of direct to consumer (DTC) advertisement driven requests on physicians' prescribing of antidepressants; b) to assess whether direct-to-consumer

advertising driven 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.

Results were published in the April 27, 2005 issue of JAMA, where they were accompanied by an editorial. The results were also presented during the Opening Plenary Session of the Society of General Internal Medicine (May, 2005) and during the "Best Abstracts" Session of AcademyHealth (June, 2005). Findings from the study were reported by the Washington Post, Los Angeles Times, National Public Radio, and CNN; results were also featured on the NIMH home page in late April and early May, 2005.

Publications (including submitted and in press)

Kravitz RL, Epstein RM, Feldman MD, Franz CE, Azari R, Wilkes MS, Hinton L, Franks P. (2005) Influence of patients' requests for direct-to-consumer advertised antidepressants: a randomized controlled trial JAMA 2005; 293:1995-2002.

Epstein RM, Franks P, Fiscella K, Shields CG, Meldrum SC, Kravitz RL, Duberstein PR. Measuring patient-centered communication in Patient-Physician consultations: Theoretical and practical issues. Soc Sci Med. 2005;1516-1528.

Franz CE, Epstein R, Miller K, Brown A, Song J, Feldman MD, Franks P, Kelly-Reif S, Kravitz RL. (2005) Caught in the act? Prevalence, predictors, and consequences of physician detection of unannounced standardized patients. Health Services Research (submitted).

Kravitz RL, Franks P, Feldman M, Meredith LS, Hinton L, Franz C, Duberstein P, Callahan E, Epstein RM. Mental health referrals for depressive symptoms in primary care: patient, physician and system effects. Annals Intern Medicine (submitted).

Feldman M, Franks P, Epstein RM, Franz CE, Kravitz RL. Do Patient Requests for Antidepressants Enhance or Hinder Physicians' Evaluation of Depression: A Randomized Controlled Trial? Annals Intern Medicine (submitted).

Young HN, Bell RA, and Kravitz RL. An examination of the quantity and content of physician communication about prescribed antidepressants. JGIM (submitted).

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	12/02-04/05
Total Costs	\$459,850

The Prescription Drug Information Project (PDIP) is a collaborative venture between the University of California (UC Davis is the lead site) and the California HealthCare Foundation.

The goal of the PDIP is to support California’s clinicians and patients as they make day-to-day decisions about what drugs to prescribe and what drugs to take. The governing principle is that accurate, understandable information about effectiveness, side effects, and costs will help clinicians and patients select the best drug or treatment for them at the best price.

The UC team performed scientific reviews of the treatment options for six common health conditions based on the evidence gathered by UC pharmacists and physicians, as well as publicly available evidence reports prepared by the Drug Evaluation Review Project (DERP, run by the Center for Evidence-Based Policy at Oregon Health and Science University). Summary conclusions were vetted by a scientific review panel consisting of doctors and pharmacists from the University of California and by nationally recognized experts in the condition-specific areas. The conditions addressed by Phase I of this project were: gastroesophageal reflux or GERD (heartburn), osteoarthritis, hypercholesterolemia, depression, asthma, and allergic rhinitis (hay fever). Phase II of the project will develop six additional clinical condition reviews, with a particular focus on safety net providers.

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

Title	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 – 9/29/06
Total Costs	\$2,530,000

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 research nodes, with their 25 Hospital Emergency Department Affiliates (HEDAs) serve approximately 808,000 acutely ill and injured children every year. UC Davis Medical Center serves as the Research Node Center (RNC) for the Academic Centers Research Node (ACORN), providing leadership and administration for five HEDAs across the country. PECARN HEDAs represent academic, community, urban, rural, general, and children's hospitals across the United States.

PECARN performs meaningful and rigorous multi-institutional research across the continuum of

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

Title	Childhood Head Trauma: A Neuroimaging Decision Rule
Principal Investigator	Nathan Kuppermann, MD, MPH
Grant/Contract Number	R40MC02461-01-00
Source of Support	HRSA
Approved/Proposed Dates	01/01/2004 - 12/31/2006
Total Costs	\$1,945,000

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

Funded by the Maternal and Child Health Bureau and Emergency Medical Services for Children, the Childhood Head Trauma Study's long-term objective is to develop a highly accurate decision rule for the evaluation of children with blunt head trauma. The goal of this decision rule is to identify all children with TBIs in need of acute intervention, yet also decrease the frequency of use of CT scans in children with blunt head trauma evaluated in emergency departments (EDs). The specific aims are to derive and internally validate a clinical decision rule which accurately and reliably identifies children at high risk and those at near-zero risk of TBI after blunt head trauma.

Our study is a prospective, multi-center observational study of children with blunt head trauma evaluated in the 25 hospitals of the Pediatric Emergency Care Applied Research Network (PECARN) of the Maternal and Child Health Bureau. Children with blunt head trauma at these centers are being evaluated and enrolled into the study at time of presentation to the participating EDs over two years, and will be followed prospectively to detect the outcomes of interest: 1) TBI on CT scan and, 2) TBI in need of acute intervention defined by the need for neurosurgery, endotracheal intubations for > 24 hours, or hospitalization for 2 or more nights). The clinical data collected at the time of ED presentation will then be analyzed using binary recursive partitioning to generate a clinical decision rule(s) for the identification of children at high risk, and near-zero risk of TBI. Widespread dissemination of this rule will result in more efficient, evidence-based evaluation of children with blunt head trauma which in turn will hopefully decrease the frequency of inappropriate CT use.

Currently, we have enrolled more than 20,000 children from across the country into this study. We anticipate completion of enrollment in March, 2006.

Title	Pharmacokinetics and Efficacy of Lorazepam in the Treatment of Pediatric Status Epilepticus
Principal Investigator	Jim Chamberlain/ CoPI Cheryl Vance MD
Grant/Contract Number	7928-04-05, under Primary Award N01-HD-4-3393
Source of Support	NIH
Approved/Proposed Dates	09/30/2004 - 12/31/2005
Total Costs	\$66,000 (Subcontract)

Funded by the NIH to meet the needs of the FDA under the Best Pharmaceuticals for Children Act, the objectives of this study are to determine the pharmacokinetics of lorazepam in children, and its efficacy for the treatment of pediatric status epilepticus. Lorazepam is a commonly used drug for pediatric seizures but is not FDA approved for children. PECARN will ultimately conduct an RCT of lorazepam versus diazepam for the treatment of status epilepticus. UC Davis is one of 11 participating PECARN sites.

Title	Estimating Preliminary Expenditure and Enrollment Impacts by County of Selected Changes in Medi-Cal Managed Care Policy
Principal Investigator	J. Paul Leigh, PhD
Grant/Contract Number	CNN050
Source of Support	University of California CPAC
Approved/Proposed Dates	04/01/2004 – 12/31/04
Total Costs	\$30,000

This project concerns development of preliminary economic estimates of the impacts of selected Medi-Cal policy changes in the California state proposed budget for Fiscal Year 2004-2005. The Center will undertake economic estimates of the following Medi-Cal policy options related to (1) realignment or "simplification" of Medi-Cal eligibility standards to CalWorks standards for families and children and to SSI/SSP standards for the aged, blind and disabled in terms of income, asset and deprivation standards. The estimates will be given in terms of program expenditures, enrollment and utilization by aid category. We will also estimate impacts of (2) changes in Share-of-Cost (SOC) requirements by SOC aid category, (3) co-payments at selected levels, provider/service categories by selected aid category, and (4) changes in selected Medi-Cal service coverage elements (changes in Medi-Cal benefit packages) for mandatory and optional aid categories. The Center will utilize 1997-2003 Medi-Cal data as well as publicly accessible data from the California Department of Health Services (DHS). A final report was provided to CPAC by the end of January 2005.

Title	Assessing Costs of Policy Changes to Medi-Cal
Principal Investigator	J. Paul Leigh, PhD
Grant/Contract Number	DNN04K
Source of Support	University of California CPAC
Approved/Proposed Dates	3/15/05 - 9/30/2005
Total Costs	\$47,905

California Legislature and governor are proposing changes to Medi-Cal. We will estimate the cost savings to the state government of those changes. For example, we will estimate how charging premiums to alter the number of people who enroll and dis-enroll from Medi-Cal.

Title	Estimating Differences in Workers Compensation Disability Ratings
Principal Investigator	J. Paul Leigh, PhD
Grant/Contract Number	013986
Source of Support	California Applicant Attorneys Association
Approved/Proposed Dates	10/1/2004 - 5/31/2005
Total Costs	\$63,917

California dramatically changed workers comp law in 2004. Disability will now be rated using the *AMA Guides for Rating Impairments*. This study investigated 218 cases that were rated under the old and new California law. We found that ratings would decrease by over 50 % under the new law. This will likely mean that benefits to injured workers will decrease by 50 %.

Title	Estimating Expenditure and Enrollment Impacts of Selected Medi-Cal Redesign Policy Changes, 2004-2007
Principal Investigator	J. Paul Leigh, PhD
Grant/Contract Number	013986
Source of Support	University of California CPAC
Approved/Proposed Dates	3/15/2005 - 9/30/2005
Total Costs	\$48,700

This project focuses on more specific Medi-Cal Redesign Policy changes than those covered in the project identified above. The policy changes are those specifically suggested as options by the State in February 2005. The first policy changes involve impact estimates in terms of changes in enrollment and state budget expenditures of premiums on Medi-Cal eligibles in the families, aged, blind and disabled categories with incomes exceeding certain income thresholds. The premiums reviewed include \$10 and \$4 per month for adults and children respectively, with a \$27 a month cap per family. This report--Potential Impact of Certain Premiums on the Medi-Cal Program, 2007: Preliminary Findings--was submitted to CPAC in draft in early May 2005

for further discussion and review by health policy makers. The second policy changes focus on mandatory expansion of managed care to the aged, blind, disabled (ABD) and other families (OFAM) in 27 “old” and “new” managed care counties in California by January 1, 2007. This study involves development of projections of enrollment, utilization and expenditures, first at the State level and then at the county level under two sets of assumptions on what services will be carved out from mandatory coverage. The database consists of Medi-Cal expenditure and utilization reports 2003-2004, and enrollment reports by month between 1997-2005. Impact estimates are based in part on experiences in other states. A final report to be submitted to CPAC will be completed in late September 2005.

Title	California Coronary Artery Bypass Graft (CABG) Project
Principal Investigator	Zhongmin Li, PhD
Grant/Contract Number	03-4275
Source of Support	California Office of Statewide Health Planning and Development (OSHPD)
Approved/Proposed Dates	5/1/2004-6/30/2007
Total Costs	\$1,717,676

The CABG Project has been charged to do the following: 1) assist OSHPD in clinical data collection and validation; 2) use California CABG clinical data 2000-2002, collected under the California CABG Mortality Reporting Program, to develop a public report of hospital-level adjusted mortality rates; 3) use multiple years of CABG data to conduct multilevel analyses on volume-outcome relationships; 4) use the CCORP 2003, 2004 and 2005 data to create annual hospital-level public reports on risk-adjusted mortality rates for all California hospitals that performed CABG surgery; 5) use CCORP 2003-2004 data to develop public report of surgeon-level risk adjusted mortality rates; 6) use CCMRP, CCORP, and hospital administrative data to study the impact of public reporting on CABG outcomes in California; 7) evaluate preliminary complication measures for public reporting; 8) evaluate adequacy and appropriateness of using process measures for public reporting; and 9) study appropriateness of CABG surgery.

The first year of the project involved the development of the public report, which includes CABG outcomes data from 77 hospitals who volunteered in reporting. Of these, 60 performed “as expected”, 8 performed “better than expected”, and 9 performed “worse than expected” after adjusting for the clinical severity of their patients. The 2000-2002 report tracks 73 percent of CABG surgeries performed in California’s hospitals and shows that volunteer hospitals perform better as do hospitals with higher surgery volume (> 200 per year). As of 2006, surgeon-specific risk adjusted mortality rates will be added to the annual public report.

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
Project Leader	Debora A. Paterniti, PhD
Principal Investigator	Primo N. Lara, Jr., MD
Grant/Contract Number:	01-01560E

Source of Support:	National Cancer Institute
Approved/Proposed Dates:	09/01/03 – 08/31/06
Total Costs:	\$218,323

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

We conducted three months of intensive observation of recruitment, consent, and participation in early phase trials. Key elements were listed with pictures on a series of cards used in a card sort task exercise aimed at ranking the most important through the least important elements of clinical trial accrual from the perspectives of the various parties involved in the accrual process (e.g., physicians, family, patients). Preliminary analyses of card sort data these data suggest significant differences between these groups in terms of the importance they attribute to various elements in the process of trial recruitment to understanding clinical trial participation, including differences in the degree of importance research physicians and patients place on signing the consent form ($p=.003$), performance status ($p=.028$) and prior experience with a clinical trial ($p=.0004$)—with research physicians feeling these aspects to be more important to understanding and accrual than patients. Although not significant, family members perceived that getting more information about standard treatment therapies was more important than did patients ($p=.06$). Nearly all participants believed that discussion with the oncologist is one of the most important factors in the understanding of and accrual to trials. Although all parties discussed the significance of clinical research associates (CRAs) to trial accrual and retention during interviews, only patients ranked CRAs as one of the most important elements in accrual process (patients ranked CRAs as the most important element of the process). Access to the internet and general information from Cancer organizations were ranked among the least important elements influencing trial understanding and accrual.

Publications (including submitted and in press)

Paterniti DA. A Second Opinion. Contexts: Understanding People in Their Social Worlds. 3(3):56-7. Summer. 2004.

Paterniti DA, Chen MS, Chiechi C, Beckett LA, Horan N, Turrell C, Smith L, Morain C, Montell L, Gonzalez J, Davis S, Lara PN. Asian Americans and Cancer Clinical Trials: A mixed-methods approach to understanding awareness and experience. Cancer (submitted).

Paterniti DA, Chen MS, Chiechi C, Beckett LA, Horan N, Turrell C, Smith L, Morain C, Montell L, Gonzalez J, Davis S, Lara PN. Understanding Asian American Awareness of and

Experience with Cancer Clinical Trials (CCTs): A Mixed Methods Approach. Proc Am Soc Clin Oncol 23:6052. 2005.

Enders SR, Horan NM, Lara PN, Paterniti DA. Patient and family perceptions of recruitment to cancer clinical trials (CCTs). Proc Am Soc Clin Oncol 23:6115. 2005.

Title:	Intervening to Increase Follow-up to Abnormal Mammograms
Principal Investigator	Debora A. 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

The goal of this 4-year randomized controlled trial was 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. Women over the age of 50 who received a bilateral mammogram at one of two community-based clinics in Houston Texas were eligible to participate in the study. Data from four age and race diverse focus groups with 37 women were used to construct an intervention instrument to stimulate communication about barriers to follow-up. 1326 women (~90%) agreed to participate in the study. Of 964 women surveyed, only 21% said that they were “not very concerned” about following-up on an abnormal mammogram. The most common concerns about following up on an abnormal mammogram were the fear of having cancer (43%), followed by a concern about what to do if confronted with decisions about how to proceed with treatment (29%), and understanding medical options about what to do next (23%). Support from family, friends, or medical staff (each listed as a separate item) ranked lowest among women’s concerns related to follow-up. When asked what would prevent them from follow-up, women stated work hours (13%), family responsibilities (7%), ability to pay for care (6.7%) and transportation (6.7%) would provide potential barriers to follow-up care. The majority of the women (73%), however, noted that nothing would prevent them from following-up. In total, 47 women were asked to follow-up on an abnormal mammogram result. These women were interviewed by telephone, and data collection was completed in July 2005.

Publications

Paterniti DA, Stelljes LA, Eason S, Soucek J, Collins T, Ashton CM. Perceived Efficacy and Follow-up to Abnormal Mammography. JGIM (submitted).

Title:	Medicare+Choice and Minority Elderly
Principal Investigator:	Debora A. 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. In addition to pursuing the above objectives, qualitative focus groups and interviews were conducted with beneficiaries to assess their level of knowledge and understanding related to their health plan and plan benefits. Analyses of these data are on-going.

Title:	Medicare HMO enrollment and VA use by minority and low income veterans
Principal Investigator:	Debora A. Paterniti, PhD
Grant/Contract Number:	01-01560E
Source of Support:	Department of Veterans Affairs (Robert O. Morgan, PhD (PI))
Approved/Proposed Dates:	09/01/01-08/31/04
Total Costs:	\$23,028 (subcontract with Baylor College of Medicine)

This study had two specific aims: 1) to examine individual-level factors affecting enrollment by minority and low-income veterans in M+C 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 medical system; and 2) to examine patterns of enrollment in M+C plans by different racial/ethnic and income-based sub-groups of VA users, and to describe changes in M+C enrollment by VA users resulting from changes in federal policies. Our findings strongly suggest that changes in benefits or out-of-pocket expenses resulting from federally-mandated changes in Medicare policy will affect VA use among VA users and, if M+C benefits are reduced or costs increased, may lead non-users to turn to the VA as an alternative provider of care.

Publications/Reports

Working Paper 1: “Individual-level Factors Affecting Enrollment in Medicare+Choice Plans and Use of VA Medical Care by Medicare Enrolled White, African American and Hispanic Veterans.” (Robert O. Morgan, PI)

Working Paper 2: “The Effect of Plan Benefit Levels on Medicare+Choice Enrollment and Use of the VA Medical Care System Among White, African American and Hispanic Veterans.” (Robert O. Morgan, PI)

Title	Evaluation of the California Quality of Care Report Card
Principal Investigator	Julie Rainwater, PhD
Grant/Contract Number	03MC-IA008
Source of Support	Office of the Patient Advocate
Approved/Proposed Dates	October 1, 2003 – June 30, 2005
Total Costs	\$191,309

California’s Quality of Care Report Card, (http://www.opa.ca.gov/report_card), produced annually by the Office of the Patient Advocate (OPA), includes performance measures on the quality of California’s HMOs and largest medical groups. In 2004-2005, CHSR/PC conducted a comprehensive Evaluation of California’s Quality of Care Report Card. Data was collected from consumer focus groups, mail and Internet surveys of Report Card users, and in-depth telephone interviews with key informants in health plans and medical groups. The evaluators found that more than 90% of website and booklet users identify themselves as belonging to OPA’s target audience: consumers who are comparing HMO performance. Users of the Report Card are most interested in comparing HMOs in the “plan service” area (e.g., prompt complaint handling, customer service, ease of obtaining needed care). Consumers find comparative information on preventative measures (e.g., immunizations, cancer screening) of less interest because all the plans/providers appear to achieve a similar acceptable level of performance. Informants in the participating health plans and medical groups indicated that the Report Card was widely shared within their organizations and was used to benchmark their performance with similar providers. Medical groups (47%) are more likely than health plans (13%) to undertake quality improvement activities in response to their performance in the Report Card. The evaluation team includes Julie Rainwater, PhD, Albert Lowey-Ball, Patrick Romano, MD; Sheila Enders, MSW; Madan Dharmar, MSSB, and Geeta Mahendra. Evaluation findings were presented at the annual Statewide HMO Consumer Advocacy Symposium in May 2005. The full evaluation report is available at: <http://som.ucdavis.edu/research/chsrpc/Projects/qofceval>

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
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. In Phase 1 of the study, we worked 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). As part of Phase 1 (July 1, 2001 through June 30, 2002), pre- and post-OE surveys were collected from randomly sampled CalPERS members.

In Phase II (Year 3) 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. Beginning in May 2003, when the majority of PacAdvantage members participate in OE, we implemented a randomized trial of a more intensive quality dissemination intervention. A sample of PacAdvantage members were randomly allocated to one of two groups: the "Education/Motivation: Active Consumer Education" intervention group, or a group receiving the usual OE materials available from PacAdvantage. Members assigned to the intervention 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 were 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. Although the Quality Information Education Center continued to operate until the end of July 2003, less than 2% of the members in the intervention group utilized it. The intervention also had little impact on health plan selection. A small number of intervention group members (9%) switched health plans during OE, compared with 7% in the control group. Among those who did not switch plans, 35% of the intervention group members said they had seriously considered switching plans compared with 28% in the control group. Our results to date indicate that Health plan choice may be difficult to change due to competing concerns such as price and convenience and the salience of information from family and friends. These factors need to be considered for future dissemination efforts by both private and public purchasers.

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 – 9/2005
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 five hospitals to participate in the trial: UCDCM, Kaiser Sacramento (Morse Ave.), Mercy San Juan, Marshall Hospital (Placerville), and St. Joseph's Medical Center (Stockton). Lodi Memorial withdrew from the project. Pharmacists at each site have been trained and data collection has been completed at 2 sites (Marshall and St. Joseph's), with collection underway at the remaining three sites. A preview of the "public release" version of the PDA software was presented at the 2004 AHRQ Patient Safety Conference and will be made available by year's end.

Title	Interactive ELSI Curriculum for Primary Care Residents.
Principal Investigator	Michael S. Wilkes, MD, PhD
Grant/Contract Number	HG002903
Source of Support	National Human Genome Research Institute
Approved/Proposed Dates	09/2003 – 8/2006
Total Costs	\$1,433,783

This three-year study proposes to develop, implement, and evaluate a web-based curriculum on the ELSI related to genetics for primary care residents in internal medicine and pediatrics. In the initial phase we will build a web-based curriculum on ELSI issues related to genetics with a series of case-based modules, emphasizing the integration of genetic concepts into primary care practice that guides residents to those concepts which build on established primary care practice, and those which represent novel approaches to care delivery. After development, our curriculum will be implemented with residents in pediatrics (University of California, Los Angeles & University of Washington, Seattle) and internal medicine (University of California, Davis & University of Washington, Seattle). Residents will complete ELSI-related, genetic-content case modules through self-directed study or in conjunction with scheduled teaching sessions. Each case module will focus on three domains of genetics: diagnosis of genetic disease; predictive genetic testing, and testing for reproductive decision-making. Learning objectives will include negotiating the interface between genetics and primary care; evaluating the utility of genetic information in different clinical situations; understanding the role of non-directive counseling; cultural issues and personal values;

and the perspectives of bioethics, religion and law in the use of genetic information.

During the initial phase a team of researchers with expertise in medical education, genetics, technology, ethics, law, culture, communication, and educational evaluation was assembled from each of the three participating campuses. The team began to outline templates and identify specific modules that teach core content in a user-friendly manner. This work includes the development of content including case-writing, technology development, site implementation, and program evaluation plans.

Title	Interventions to Improve Shared Decision-Making: Prostate Cancer Screening
Principal Investigator	Michael S. Wilkes, MD, PhD
Grant/Contract Number	1 R01 PH000019
Source of Support	Centers for Disease Control (CDC)
Approved/Proposed Dates	9/01/04 - 8/31/08
Total Costs	\$2,594,630

Funded by the Centers for Disease Control (CDC), “Interventions to Improve Shared Decision-Making: Prostate Cancer Screening”, examines the utility of routine screening for prostate cancer with prostate specific antigen (PSA), a test which remains highly controversial. Many primary care physicians (PCPs) order PSA without helping patients understand the associated risks, benefits and downstream consequences. We will test whether an intervention to improve shared decision-making (SDM) will improve physician and patient knowledge, skills and attitudes about PSA screening, and change primary care physicians’ (PCPs) PSA screening practices. In a unique public-private partnership, 140 PCPs across four health systems in California (UC Los Angeles, UC Davis, Kaiser Permanente, and the Dept. of Veterans Affairs) will be randomized by practice site to control (paper curriculum) or active intervention with an interactive web-based curriculum. This curriculum utilizes visual tools, videoclip vignettes, and other interactive content to illustrate key points about risk assessment, PSA screening, and SDM. In addition, patients at intervention sites will be randomized to receive either the same brochure as patients at control sites, or a further active intervention consisting of interactive curriculum covering similar content from a patient perspective. Both intervention groups (PCP-only or physician and patient intervention) will be compared to controls regarding knowledge, skills and attitudes. The primary endpoint will be changes in physician SDM behavior (Kaplan scale). Pre- and post-test changes in PCP knowledge and attitudes will also be assessed, and post-intervention PCP SDM skills will be assessed using unannounced standardized patients, who present to PCP offices with a request for PSA testing. Post-test patient changes in knowledge and attitudes will also be assessed. Finally, any change in actual PSA ordering behaviors will be assessed.

E. Education and Training Activities

Seminar Series

CHSRPC sponsors a weekly seminar series for all interested faculty, staff and students. The goal of the weekly Seminars is to enhance the intellectual environment for health services research at UC Davis and to help faculty and trainees develop the skills to conduct first-class health services research projects. In addition, CHSRPC hosts quarterly Seminars on the Davis campus. Continuing Medical Education credit is available to practicing physicians; graduate students in Epidemiology can earn 1 unit of course credit for each quarter of regular attendance. Appendix 4 provides titles of the Seminar Series from visiting presenter and UCD faculty and staff presenters for 2004-2005.

Journal Club

CHSRPC's semi-weekly Journal Club primarily targets junior faculty and fellows using guided discussion of recent articles in the health services research literature to illustrate important methodological or policy principles. A list of Journal Club articles for 2004-2005 can be found in Appendix 5.

Primary Care Outcomes Research Fellowship Program (PCOR)

The mission of PCOR is to prepare primary care physicians for careers as outstanding clinical investigators and primary care educators, especially in California's underserved communities. With start-up funds from the Dean of the SOM and participation from the Departments of Internal Medicine, Family Medicine, and Pediatrics, CHSRPC launched this unique, interdisciplinary research training fellowship in July 2002 and received a three-year federal award in 2003. Through training in the clinical, statistical, and social sciences, PCOR fellows will make scholarly contributions in clinical epidemiology, health services research, and health policy, addressing issues of access, quality, efficiency and equity. Ultimately the goal is to have graduating fellows educate the next generation of primary care physicians and serve as role models and advocates in caring for culturally diverse, underserved populations as well as leaders in academic medicine and government. PCOR Fellows' affiliate departments and research interests as well as PCOR training seminar classes for 2004- 2005 are provided in Appendix 6 and Appendix 7, respectively.

Academic Instruction

CHSRPC faculty have cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology (Kravitz, Paterniti, Romano, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl), as well as provide mentoring and serve on dissertation committees. A list of graduate students and undergraduates who have participated as interns or research assistants on CHSRPC projects in – 2004-2005 is documented in Appendix 8.

F. Publications

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

II. Summary of Progress and Future Plans

State Health Policy Unit

Yali Bair, PhD (Epidemiology), was recruited to head CHSRPC's new State Health Policy Unit. The State Health Policy Unit has been involved with increasing CHSRPC's visibility within the state government, and attracting and maintaining a growing portfolio of state-sponsored grants and contracts. Moreover, with the assistance of Dr. Kravitz, Dr. Bair has secured funding for a conference "From Research to Policy" Transforming California's Emergency Healthcare System" which will be held October 5, 2005. The intent of this symposium is to provide up-to-date information on the state of California's emergency services infrastructure and generate constructive dialogue between health researchers, policy makers and other interested personnel.

Future initiatives for this unit include further development of CHSRPC's capacity to perform high quality, rapid turn-around, policy-relevant health care research for clients within the California state government, and continuing to attract and maintain a growing portfolio of state-sponsored grants and contracts that could lead to one or more long-term agreements.

Proposed Initiatives

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

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

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

participation in Center-related grants and affairs. Identification of specific incentives for faculty participation is necessary.

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

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

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

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

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

III. Financial Reporting

The Center transitioned administrative management from the School of Medicine, Department of Internal Medicine, to an Organized Research Unit (ORU) under the Office of Vice Chancellor for Research (OVCR) in 2003-2004. This transition, deemed critical in sustaining the long-term success of the Center, allowed direct management of the Center’s fiscal and personnel resources.

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

departments.

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

For Fiscal Year 2004-2005 Center expenditures were \$3,645,140 from research funds and \$407,317 from core funds. Twenty-five new proposals were submitted seeking funding of \$18,269,325. At the time of this report, nine proposals submitted during the reporting period have been approved for funding, totaling ~\$2,207,582. In 2005-2006, we project expenditures of \$2,127,442 in research funds and \$516,867 in core funds.

IV. Accomplishments and Challenges

As the Center enters its seventh 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 six years, the Center has:

- Facilitated a dramatic increase in funded health services research activity. This upswing in activity has occurred along several dimensions, including total research funding, federal funding, number of funded investigators, number and size of proposals submitted, and number of peer-reviewed publications. In fiscal year 1998-1999, the Center submitted 19 grant proposals requesting \$8,642,508--eleven to extramural agencies and eight for intramural funding opportunities resulting in four funded proposals totaling \$1,034,408. During fiscal year 2004-2005, twenty-five new proposals were submitted seeking funding of \$18,269,325. At the time of this report, nine proposals submitted during the reporting period have been approved for funding, totaling ~\$2,207,582.
- Supported the career development of junior faculty through mentorship, seminars, journal clubs, assistance with research proposal development, mini-grant funding, and analytic assistance. Most beneficiaries (e.g., Fancher, Garcia, Hilty, Hodge, Hogarth, Jerant, Keenan, Marcin, Nuovo, Pan, Paterniti, Srinivasan, Yasmeen) have appointments in the School of Medicine.
- Created a unique, interdisciplinary research training program (the PCOR Fellowship). With start-up funds from the Dean of the SOM and participation from the Departments of Medicine, Family Medicine, and Pediatrics, the Center launched the fellowship in July 2002 and received a three-year federal award in 2003. Two graduating fellows have already accepted faculty positions at UC Davis.
- Recruited a talented and dedicated staff of approximately 40 administrators, analysts, and research assistants who are available to help faculty conduct research and further the

Center's mission. Some senior staff have progressed to the point where they are PIs on their own grants.

- Contributed to the development of new Health System faculty (Tonya Fancher in Internal Medicine; Ronald Fong in Family & Community Medicine).
- Facilitated the recruitment of prestigious senior-level faculty members to the UCD Health System (Jill Joseph and Sergio Gaxiola-Aguilar).
- Been involved with the recruitment of prestigious faculty in other departments, such as Lars Ellison in Urology, and continued participation in recruitment of faculty to the Program in Vascular Health and Disease.
- Led internal initiatives to create a practice-based research network (PC-AWARE) and a research program in patient safety (CROPS).
- Cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology (Kravitz, Romano, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl).
- Consulted with UCD Health System, campus, and UCOP administrators on issues related to the Center's expertise, including chronic disease management, program evaluation, health benefits mandates, implementation of the electronic medical record, residency training, and faculty development.
- Developed the State Health Policy Unit, which has increased CHSRPC's visibility within the state government, and begun to attract a growing portfolio of state-sponsored grants and contracts.

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 great strides in this direction: We have developed the State Health Policy Unit, including interactions with state officials during quarterly seminars and the CHSRPC State Policy conference; Dr. Romano has a longstanding relationship with the Office of Statewide Planning and Development; the Center conducted a major study for the Department of Health Services concerning nurse staffing ratios; we are working with the Department of Managed Care and the Office of the Patient Advocate on several smaller projects; and have a more concentrated presence due to the work of Dr. Bair. Nevertheless, *the Center needs to identify sources of flexible funding that can be used to recruit and temporarily support master's- and PhD-level applied scientists who are interested in state health policy work.*

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

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

- Change center name and expand mission to better reflect current and future scope of work: We have made a proposal to change the name of the Center to the UC Davis Center for Health Care Policy and Research (CHCPR) and are awaiting review and approval of this proposal.
- Maintain strength in health communication, quality of care, patient centered-care, clinical outcomes and women's health: Efforts in these areas have been made largely through responses to RFAs and state-related contracts in these domains.
- Expand programs in racial and ethnic health disparities, aging and pediatric HSR. This core area of health services research is now the focus of a new Center for Reducing Health Disparities.
- Facilitate collaborative workgroups with defined focus areas linked to specific funding opportunities.
- Improve internal and external communication: We have identified three operational principles and communicated these repeatedly to Center staff (coherence, efficiency, learning) and have attempted to make work processes and procedures more transparent.

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

APPENDIX 1

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

Name	Department
Alcalay, Rina, PhD	Communication
Anders, Thomas, MD	Psychiatry and Behavioral Sciences
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
de la Torre, Adela, PhD	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
Garcia, Lorena, PhD, MPH	Chicano/Chicana Studies
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
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

Name	Department
Marcin, James, MD, MPH	Pediatrics
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	CHSRPC and Sociology
Raingruber, Bonnie, RN, PhD	Center for Nursing Research
Rainwater, Julie, PhD	General Medicine
Reubner, Boris, MD	Pathology
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
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
Utts, Jessica, PhD	Statistics
vonFriederichs-Fitzwater, Marlene, PhD, FAAPP	California State University, Sacramento, Center for Healthcare Communication
Walsh, Donal	Veterinary Medicine
Wang, Jane-Ling, PhD	Statistics
Warden, Nancy, MD	Pediatrics
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 External Advisory Board

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APPENDIX 3

UC Davis Center for Health Services Research in Primary Care Grants Submitted Fiscal Year 2004 - 2005

Principal Investigator/Project Director	Department	Title of Grant	Submitted To	Date Submitted	Amount Requested	Outcome
Kravitz, Richard	CHSRPC	Patient Coaching to Improve Care of Cancer Pain	NCI	7/1/2004	\$2,110,737	Pending
Melnikow, Joy	Family & Comm. Med	El Camino a la Salud: Strategic Interventions to Reduce Latino Cancer Health Disparities	NCI	7/13/2004	\$1,845,764	Pending
Melnikow, Joy	Family & Comm. Med	Surveillance Strategies Following Treatment for CIN	NIH	7/1/2004	\$872,747	Pending
Leigh, Paul	EPI	Physician Specialty, Quality, Managed Care Pay Incentives	NIH	7/24/2004	\$99,999	Pending
Romano, Patrick	CHSRPC	Collaboration on Support for Quality Indicators II	AHRQ	8/17/2004	\$402,953	Funded
Leigh, Paul	Epi	Estimating Differences in Workers' Compensation Disability Ratings Under Current(2004) and Future(2005) California Law	California Applicant Attorneys Association	9/1/2004	\$80,258	Funded
Franks, Peter	Family & Comm. Med	USING SES IN CHD PREVENTION TREATMENT GUIDELINES	Univ Rochester	9/20/2004	\$345,752.00	not funded
Kravitz, Richard	CHSRPC	Improving Care of Comorbid Physical and Mental Illness	NIMH	11/1/2004	\$635,193	Funded
Kalaukalani, Donna	Anesthesiology	Racial disparity in treating occupational low back pain	NIH	11/1/2004	\$116,976	Pending
Henderson, Mark C	Internal Med	Training in Primary Care Medicine and Dentistry Grant Program: TEACH Project	HRSA	11/22/2004	\$600,000	Funded
Wilkes, Michael	Internal Med	Strategic Alliance for Event Reporting (SAFER II)	AHRQ	1/19/2005	\$97,273	Pending
Fancher, Tonya	Internal Med	A culturally targeted approach to medication adherence among Southeast Asians	Health Systems	2/1/2005	\$150,000.00	Funded

Bair, Yali	CHSRPC	From Research to Policy: California's Emergency Health Care Systems Conference	California Endowment	2/28/2005	\$116,271	Partially funded
Bair, Yali	CHSRPC	From Research to Policy: California's Emergency Health Care Systems Conference	California Healthcare Foundation	2/28/2005	\$25,002	Funded
Leigh, Paul	Epi	Assessing Impacts on Enrollment and Expenditures of Selected Policy Changes Under Medi-Cal Redesign	CPAC	3/1/2005	\$47,905	Funded
Leigh, Paul	Epi	Impacts of Medi-Cal Policy Changes on Medi-Cal People With AIDS	UARP	4/1/2005	\$231,000	Pending
Wilkes, Michael	Med Education	Cultural Competence in Medical Student Education: An Integrated and Developmentally Informed Curriculum	Association of American Medical College	4/1/2005	\$150,000	Funded
Aguilar-Gaxiola, Sergio	CHSRPC	Child Mental Health Initiative (CMHI)	Fresno County for SAMHSA	5/6/2005	\$1,600,000	Pending
Kupperman, Nathan	Emergency Medicine	Emergency Services for Children (EMSC) Network Development Demonstration Project (NDDP)	MCHB	5/7/2005	\$754,976	Pending
Keyzer, Janet	CHSRPC	Early Feeding Behaviors and Autistic Disorder	Kirschstein National Research Service Award	5/10/2005	\$237,904	Pending
Paterniti, Debora	CHSRPC	Decision to Participate in a Cancer Clinical Trial	National Cancer Institute	6/1/2005	\$2,819,368	Pending
Kravitz, Richard	CHSRPC	Patient Coaching to Improve Care of Cancer Pain	NCI	7/1/2004	\$2,110,737	Pending
Melnikow, Joy	Family & Comm. Med	El Camino a la Salud: Strategic Interventions to Reduce Latino Cancer Health Disparities	NCI	7/13/2004	\$1,845,764	Pending
Melnikow, Joy	Family & Comm. Med	Surveillance Strategies Following Treatment for CIN	NIH	7/1/2004	\$872,747	Pending
Leigh, Paul	EPI	Physician Specialty, Quality, Managed Care Pay Incentives	NIH	7/24/2004	\$99,999	Pending

APPENDIX 4

UC Davis Center for Health Services Research in Primary Care Seminar Series Fiscal Year 2004 - 2005

Visiting Presenters

Presenter	Company Represented	Presentation	Date
Dan Riddle	VCU	Orthopedists' Diagnosis of Deep Vein Thrombosis in Outpatients: From the "What Is" to the "What Should Be" and How We Get There	7/29/2004
Agnes Lee, PhD	California Budget Project	California Performance Review recommendations for the statewide health and human services agencies.	10/21/2004
Lou Vismara, MD	California State Senate	State Health Legislation: A View from the Inside	10/28/2004
Murray Ross, PhD	Kaiser	Medicare drug benefit	1/20/2005
Helene Margolis, PhD	DHS	Air pollution and risk factors for heart disease	2/3/2005
Laurie MacIntosh	OSHPD	The Healthy Communities Consortium: Working toward increasing health access and decreasing chronic disease among the underserved in the capital region	2/17/2005
Sergio Aguilar-Gaxiola, PhD, MD	CSU Fresno	Gaps in Mental Health Utilization in Latinos: Challenges and Opportunities for Primary Care	2/24/2004
Ruben King-Shaw	The Solutions Institute	Reforming Medicare: What are the Issues?	3/4/2005
Usha Ranji	Kaiser	Kaiser Family Foundation	3/31/2005
Reshmi Singh, MS Pharm D	University of Minnesota	Understanding Experiences of College Students Receiving Treatment for Depression	4/28/2005
Steven Bernstein, MD	University of Michigan	Improving physician performance: Panacea, pipe-dream or promise	5/19/2005
Wilson Pace, MD	University of Colorado	Primary Care: It takes a Village	5/27/2005
Linda Rudolph, MD	DHS	Quality Improvement in Medi-Cal Managed Care	6/9/2005

UCD Faculty and Staff Presenters

Presenter	Department Represented	Presentation	Date
Julie Smith-Gagen, PhD Candidate	Epidemiology	Quality-of-Life and Survival for Rectal Cancer Patients Undergoing Treatment	7/1/2004
Aaron Bair, MD		Discrete Event Simulation of the	9/2/2004

	Emergency Medicine	Cardiac Chest Pain Patient in a Variably Overcrowded Emergency Department	
Michael Richards, MD MPH	General Medicine	Race, Chronic Disease and Depression	9/9/2004
Paul Leigh, PhD	Epidemiology	Costs of Occupational Chronic Obstructive Pulmonary Disease and Asthma	9/16/2004
Paul Leigh, PhD	Epidemiology CHSR/PC	An Application of Tobit Regression and the Oaxaca Decomposition Technique to Estimate the effects of Smoking on Absence From Work Due to Illness.	9/22/2004
Peter Franks, MD	Family and Community Medicine	Toward Consistency in Cost-Effectiveness Analyses: Measuring Health Status	9/30/2004
Yali Bair, PhD	CHSR/PC	Use of Conventional and Complementary Health Care During the Menopause Transition: Study of Women's Health Across the Nation (SWAN)	10/7/2004
Ronald Fong, MD MPH	Family and Community Medicine/ PCOR Fellowship	Is obesity associated with a decreased likelihood of being offered health insurance through the workplace?	11/4/2004
Adam Branscum, PhD Candidate	Statistics	Bayesian ROC curve estimation: some recent parametric and nonparametric advances with medical applications	11/18/2004
Nathan Kuppermann, MD	Emergency Medicine	Update on "Childhood head trauma: A Neuroimaging Decision rule"	12/2/2004
Anthony Jerant, MD	Family and Community Medicine	Development and evaluation of personally-tailored, self-efficacy enhancing software to improve patients' colorectal cancer screening decisions	12/9/2004
Paul Leigh, PhD	Epidemiology CHSR/PC	Rules for Economic Efficiency	12/16/2004
Richard Kravitz, MD MSPH	CHSR/PC	CHBRP - What is it and should I be a part of it?	1/6/2005
Paul Leigh, PhD	Epidemiology CHSR/PC	Estimates of Differences in Workers' Compensation Disability Ratings under Old (2004) Law and Impairment Ratings under New (2005) Law in California	1/13/2005
Ulfat Shaikh, MD	Pediatrics	Nutritional Rickets in Exclusively Breastfed Infants	1/27/2005
Bruce Leistikow, PhD	Public Health Sciences	Smoking, health services, and cancer and non-cancer mortality disparities	2/10/2005

		by race, place, age, SES	
James Prieger, PhD	Public Health Sciences	The Impact of Driver Cell Phone Use on Accidents	3/10/2005
Charles Casey and Carole Gan	UCD Public Affairs	The Media and Your Message: How to get more recognition for your research, policy proposals or healthcare expertise.	3/17/2005
Erich Loewy, MD	General Medicine	Justice and Health Care Systems	3/24/2005
Patrick Romano, MD	General Medicine	An educational intervention to promote consumers' use of quality information during Open Enrollment: A randomized controlled trial	4/7/2005
Jiming Jiang, PhD	Statistics	No Catchy Title - An Introduction to UCD StaLab	4/14/2005
Su-Ting Li, MD	Pediatrics	Improving Asthma Care through Computer Decision Support: Understanding Barriers	4/21/2005
Richard Kravitz, MD MSPH	CHSR/PC	1) Influence of Direct to Consumer Advertising on Antidepressant Prescribing, and 2) Physician and System Factors Influencing Referrals to Mental Health Professionals	5/5/2005
Ben Rich, JD PhD	Epidemiology	The Strange Case of Theresa Marie Schiavo: Ethical, Legal, and Public Policy Implications	5/12/2005
Lynette Scott, MD	MPH Candidate	GIS in Public Health, A view from vital statistics	6/2/2005
Ronald Fong, MD MPH	PCOR	Association Between Obesity and Patient Satisfaction	6/16/2005
Lars Berglund, MD PhD	CRISP	CRISP and GCRC Services	6/23/2005
Tonya Fancher, MD Richard Fong, MD and Michael Richards, MD	PCOR	PCOR Research Conclusions and Graduation Ceremony	6/30/2005

APPENDIX 5

**UC Davis Center for Health Services Research in Primary Care
Journal Club
Fiscal Year 2004 – 2005**

Date	Journal Article and Title	Presenter
9/23/04	Assessing the quality of evidence in evidence-based policy: why, how and when? Ray Pawson, University of Leeds, ESRC Research Methods Programme, Working Paper No 1, 2004 Economic and Social Research Council	Richard Kravitz, MD
10/7/04	Variation in preventive service use among the insured and uninsured: does length of time without coverage matter? Bednarek HL, Schone BS.	Lisa Ward, MD
10/21/04	A New Self-Administered Questionnaire to Monitor Health-Related Quality of Life in Patients With COPD* CHEST 1997; 112:614-622	Kim Hardin, MD
11/04/04	Obesity rates, income, and suburban sprawl: an analysis of US states. Vandegrift D, Yoked T. Health & Place 2004;10:3,221-229	Ronald Fong, MD
11/18/04	Procedural Volume as a Marker of Quality for CABG Surgery. Peterson ED, Coombs LP et al. JAMA 2004;291:195-201	Jim Marcin, MD
12/16/04	The Pathways Study: A Randomized Trial of Collaborative Care in Patients With Diabetes and Depression Wayne J. Katon, MD; Michael Von Korff, ScD; et al. Arch Gen Psychiatry. 2004;61:1042-1049	Jonathan Neufeld, PhD
01/13/05	A sample of bills currently under consideration in the legislature and their potential impact on health care in California.	Yali Bair, PhD
01/27/05	Obesity Among US Immigrant Subgroups by Duration of Residence. JAMA. 2004. 292;23:2860-2867.	Shagufta Yasmeen, MD
02/10/05	Ethical Guidelines for research in Health Services.	Patrick Romano, MD
02/24/05	Confidential Manuscript	Peter Franks, MD
03/24/05	Confidential Manuscript	Ronald Fong, MD
04/07/05	Populations at Risk Racial and Ethnic Disparities in Cancer Screening. J GEN INTERN MED 2003; 18:1028–1035.	Rose Arellanes, MD
04/21/05	The effect of prompt physician visits on intensive care unit mortality and cost. Milo Engoren, MD. Crit Care Med 2005; 33:727–732	Jim Marcin, MD

05/05/05	Chou SY,Grossman M,Saffer H. An economic analysis of adult obesity. J Hlth Econ 2004; 23:3;565-587	Paul Leigh, PhD
05/19/05	Follow up to California Bills, AB 21 relating to pharmacists' refusal to prescribe certain drugs.	Yali Bair, PhD
06/16/05	Role of Community Risk Factors and Resources on Breast Carcinoma Stage at Diagnosis. Cancer 2005;103:922-30.	Malana Moshesh, MD

APPENDIX 6

UC Davis Center for Health Services Research in Primary Care Primary Care Outcomes Research Program (PCOR) Fellows

Name	Affiliated Department	Research Interest	Year of Matriculation
Tonya Fancher, MD	General Medicine	Physician decision making in health disparities	2002
Michael Richards, MD	General Medicine	Geriatrics health services	2003
Ronald Fong, MD	Family and Community Medicine	Clinical epidemiology	2003
Kristin MacLeod, MD	Pediatrics	Child abuse	2003
Rose Arellanes, MD	Family and Community Medicine	Latino community health	2004
Malana Moshesh, MD	Obstetrics and Gynecology	Women's health, social support/stressors across ethnicity	2004
Lisa Ward, MD	Obstetrics and Gynecology	Health services access and insurance	2004

APPENDIX 7

**UC Davis Center for Health Services Research in Primary Care
PCOR Seminar Series
Fiscal Year 2004 - 2005**

Presenter	Department	Presentation	Date
Richard Kravitz, MD MSPH	CHSR/PC	Funding sources for primary care research, including non-NIH Federal agencies, state agencies, foundations, etc. The talk will complement the K30 grant writing course.	6/23/2005
Klea Bertakis, MD MPH Patrick Romano, MD, MPH	Family Medicine Internal Medicine	Career planning/advancement issues for those of you who are considering academic medicine. Also an "internal medicine" perspective and career options in foundations, private industry, etc.	6/23/2005

APPENDIX 8

**UC Davis Center for Health Services Research in Primary Care
Listing of Students Involved in Center Research Projects
Fiscal Year 2004 - 2005**

Graduate Students

Student	Project worked on
Banafsheh Sadeghi	INQUIRE and AHRQ Support for Quality Indicators; Dr. Romano - major professor, chair of guidance committee
Madan Dharmar	OPA Project; Dr. Romano -major professor, chair of guidance committee
Allie Green*	Health Policy Conference
Teresa Wilson-Crosbie*	Health Policy Conference

Undergraduate Students

Camille Cipri	Social Influences on Practice
Sheila Krishnan	Social Influences on Practice
Jason Mudrock	Social Influences on Practice
Laura Whittam	Social Influences on Practice
Christopher Wong	Breast Cancer Communication
Jason Simone	INQUIRE
Leslie Lane	WARFDOCS
Kevin Martin*	Childhood Head Trauma: Traumatic Brain Injury
Anna Glushenko*	Childhood Head Trauma: Traumatic Brain Injury
Marie Boling*	Childhood Head Trauma: Traumatic Brain Injury
Patrick Vallero*	Childhood Head Trauma: Traumatic Brain Injury
Elizabeth Bautista-Landin*	Childhood Head Trauma: Traumatic Brain Injury
Ryan Fuller	Childhood Head Trauma: Traumatic Brain Injury
Eleanore Martin	Childhood Head Trauma: Traumatic Brain Injury
Maggie Lawless	Childhood Head Trauma: Traumatic Brain Injury
Nhat-Quang Nguyen*	HIV/Substance Abuse Prevention

Maeve Kennedy*	HIV/Substance Abuse Prevention
Thuan Ho*	HIV/Substance Abuse Prevention
Rosemarie Dela Cruz*	HIV/Substance Abuse Prevention
Stephanie DiBrezzo*	HIV/Substance Abuse Prevention
Brenda Reiss*	HIV/Substance Abuse Prevention
Amy Shontz	Quality of Care and Medication Errors Among Pediatric Patients Presenting to Rural Emergency Departments
Julie Pham*	Health Policy Conference
Patrick Vallero*	Health Policy Conference

* Volunteers

APPENDIX 9

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

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

- 2004 Murray AM, Bennett DA, Mendes de Leon CF, Beckett LA, Evans DA. A longitudinal study of parkinsonism and disability in a community population of older people. *J Gerontol A Biol Sci Med Sci*. Aug;59(8):864-70.
- 2004 Bourgeois JA, Hilty DM, Chang CH, Wineinger MA, Servis ME. Poststroke Neuropsychiatric Illness: An Integrated Approach to Diagnosis and Management. *Curr Treat Options Neurol*. Sep;6(5):403-420.
- 2004 Cushman M, Tsai AW, White RH, Heckbert SR, Rosamond WD, Enright P, Folsom AR. Deep vein thrombosis and pulmonary embolism in two cohorts: the longitudinal investigation of thromboembolism etiology. *Am J Med*. Jul 1;117(1):19-25.
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