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

2005 – 2006 Annual Report

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

ANNUAL REPORT
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The University of California Davis Center for Health Services Research in Primary Care has now completed twelve 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 2005-2006 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), and Wilhelmina Cottman (Operations Manager).

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, Dr. Kravitz reported to Thomas Nesbitt, Executive Associate Dean, from March 1, 2005 through July 1, 2006. 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 continue to face space constraints at the Grange Building. In 2004, we added office/research space at

satellite locations in the Western Affairs Building, and on the main UC Davis campus (Tupper Hall). In 2006, we further expanded our research/office facilities by leasing additional office and cubicle space at 3823 V Street, Sacramento (Grange I).

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

Computing Resources

Center Computing Mission Statement

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

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

Oversight and Management

With the departure of Timothy Beer in May 2005, Ben Timmons became our immediate network administrator and computer systems support provider beginning June 2005. Physical network data storage and backup is provided by Dan Cotton and his allied School of Medicine IT staff. Access to any computer system located on our physical plants or within our network is regulated by means of secure login and password authentication assigned and controlled by the network administrator from within a Windows Active Directory console.

Standard Workstation Configuration

All CHSRPC computers are Microsoft Windows-based and have some version of Microsoft Office (2000, XP or 2003) installed.

Data Access Management

The level of security assigned to local and network computing resources is determined by a balanced consideration of published UC Davis & UC Davis Health System security policies, HIPAA guidelines and the informed prudence of CHSRPC Network Resource Administrator Ben Timmons, Center Director Richard Kravitz, and UCDSOM Domain Administrator Dan Cotton. We are largely in compliance with UC Davis Cyber Safety Regulation.

Physical Resource Security

In addition to employing active directory mapping and resource access security to maintain network security, we ensure that all Windows-based computers (which all of our computers currently are) are locally protected by use of IPSec security policies that block external access to the computers. We are "doubly-secured," falling under the protection of both the Medical Center's physical firewall protection and the School of Medicine's logical (Active Directory IPSec policy assigned) firewall protection.

Interdepartmental Data Management: Maximizing Resources without Security Degradation

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

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

Software Purchasing and Licensing

All software installed and/or used on Center workstations has been properly licensed to the individual systems on which they reside (and to specific individual licensed user(s) when necessary). All center Windows and Office installations are licensed through the UC Davis Microsoft Consolidated Campus Agreement which we purchase annually through TRC. We also maintain several licenses for other software including, but not limited to Stata, SAS, Microsoft Visio and Endnote.

Virus Protection

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

Upcoming Computing Development: 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 reach considerably and be felt dramatically 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.

1. 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 two 3.2 GHz Xeon processors, and 4 Gigabytes of RAM.

2. 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– resulting in lowered licensing costs and a drastically simplified license renewal procedure.

3. 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 installed. This means that tasks which previously required users to physically access their primary Center workstations can now be executed remotely. The Citrix platform offers the same high-caliber security that physicians and researchers at the UC Davis Medical Center expect.

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.

The 2005-2006 Executive Committee included the following members:

Richard L. Kravitz, MD, MSPH
Center Director and Professor, Internal Medicine

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

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

Rahman Azari, PhD
Senior Lecturer, Department of Statistics

Edward Callahan, PhD
Professor, Family and Community Medicine

Adela de la Torre, PhD
Professor and Director, Chicana/o Studies

Peter Franks, MD
Core Center Faculty and Professor, Family and Community Medicine

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

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

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

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

John Robbins, MD, MHS
Professor, Internal Medicine

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

Advisory Board

The purpose of the Advisory Board is to provide CHSRPC leadership with advice on the direction of its programs. The Board consists of leading community members, state health policymakers, and an emeritus dean. The Board did not meet as a group during the 2005-2006 academic year; however, individual board members were tapped for their expertise on a variety of Center-related matters, including issues related to programmatic direction and topic selection and assistance in planning an annual Center-sponsored Health Policy conference to be held in January 2007. A list of current Board members is provided in Appendix 2.

Administrative Support

CHSRPC Leadership
With recruitment of an ever-larger and more experienced staff, CHSRPC's internal management structure has been periodically reorganized and now depends on a team approach. Responsibility for executing CHSRPC's mission rests with a Director (Richard Kravitz, MD, MSPH), 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 one .75% time Financial Manager, one full-time Financial Assistant, and one full-time Grants Development Officer.

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

B. Outreach Activities

Intramural Outreach

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

Extramural Outreach

CHSRPC continues to function as a resource for the Sacramento region and is involved in a number of local, state and national activities. For example, Dr. 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; Dr. Melnikow has assembled a coalition to address cancer prevention in Latinos; and Dr. Paterniti is the 2004 – 2006 Chair of the Health, Health Policy & Health Services section of *The Society for the Study of Social Problems*, the 2005-2007 Secretary/Treasurer for the Medical Sociology Section of the *American Sociological Association*, and serves on the editorial board of *HEALTH: An Interdisciplinary Journal for the Study of Health, Illness, and Medicine.* In addition, beginning May 1, 2005, Dr. Kravitz and Dr. Malathi Srinivasan (Center member and Assistant Professor, Internal 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. Experienced Center administrative and financial staff are available to assist Senior faculty with budget preparation, template sections, and to facilitate and ensure compliance with various 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 funding sources (federal, state, foundation and other organizations) on projects of varied scope. Appendix 3 summarizes these and other proposals and indicates their funding status at the time of this report.

D. Active Research Projects 2005-2006

Title:	**State Partnership to Develop a Curriculum, Training, and Toolkit on Cultural and Linguistic Appropriateness for Health Service Agencies and Organizations**
Principal Investigator:	Sergio Aguilar-Gaxiola, MD, PhD
Grant/Contract Number:	05-46179
Source of Support:	California Department of Health Services, Office of Multicultural Health
Approved/Proposed Dates:	over 5 years
Total Costs:	$785,750

We announced, recruited, interviewed, and hired the Program Manager, who is scheduled to begin at the end of June, 2006. We wrote a detailed work-plan and 1st year progress report for submission to DHHS Office of Minority Health. We are in the process of gathering relevant literature and examples of existing cultural and linguistic competence curriculums and trainings that use the CLAS to incorporate into this toolkit as we see adequate. The work plan includes conducting a pilot with leaders from the Department of Health Services and UCDHS, to prepare for the larger training- and revise the curriculum and toolkit as necessary- in which a larger cadre from both institutions previously mentioned will also participate. We anticipate involving senior leadership from UCDHS, the Cancer Center, and the MIND Institute.

Title:	**Culturally and Linguistically Appropriate Care and e-Mental Health: Developing a Research Platform**
Principal Investigator:	Sergio Aguilar-Gaxiola, MD, PhD
Grant/Contract Number:	20052608
Source of Support:	California Endowment
Approved/Proposed Dates:	1 year
Total Costs:	$26,800

This grant was initially awarded for a period of 6 months to cover the expenses of a national workshop co-hosted by the UCDHS, the UC Davis CRHD, The California Endowment, and the NIMH Office of Special Populations and Rural Mental Health. The workshop, titled "*Culturally and Linguistically Appropriate Care and e-Mental Health: Developing a Research Platform*," took place in December 2005, and since then, a series of smaller working meetings have taken place. The grant has been awarded a no-cost extension of an additional 6 months and the unused portion of the funds is being used for follow-up planning and strategy meetings and a follow-up working meeting sponsored by NIMH to take place at UCD in early Fall of 2006.

Title:	**Spanish Adaptation of the BASIS Mental Health Survey**
Principal Investigator:	PI: Susan V. Eisen, MD, Boston University Site PI/Project Director: Sergio Aguilar-Gaxiola, MD, PhD
Grant/Contract Number:	2R01-MH058240-05A1
Source of Support:	National Institute of Mental Health
Approved/Proposed Dates:	for 2 ½ yrs + 1 year no-cost extension to February 2007 ($87,000 for 2006-2007)
Total Costs:	$282,250

We are currently in the process of analyzing data we helped collect for this project and are aiding in writing papers for publication (we are planning to write a couple of papers for this project).

Title:	**From Research to Policy: California's Emergency Health Care Systems Conference**
Principal Investigator:	Yali Bair, PhD
Grant/Contract Number:	57334 / 05-1084
Source of Support:	The California Endowment and California Health Care Foundation
Approved/Proposed Dates:	6/1/05-1/31/06
Total Costs:	$35,000

These grants provided financial support for the health policy research conference that was held October 5, 2005 at the Sacramento Convention Center. This conference was sponsored by the UC Davis Center for Health Services Research in Primary Care and the Institute for Governmental Affairs and attended by more than 200 researchers, clinicians, policy makers, and agency representatives. The conference focused on the challenges facing California's Emergency Health Care system. The feedback from the conference was positive and generated enthusiasm for a series of health policy conferences which will continue in 2006-2007.

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:	10/02-4/06
Total Costs	$1,018,953

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

Youth were recruited into the study along with their friends to participate in an 8-hour curriculum designed to increase resilience and personal identity and strengthen family relationships. 350 youth, 11-14 years old, and 80 parents were enrolled. Sessions were offered in Spanish and English to parents, but only in English to youth. Educational sessions were offered at a variety of community-based organization and school locations throughout Sacramento County. Participants completed a questionnaire before the prevention program began, immediately afterward and six months after the program. Data analysis is currently ongoing.

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

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

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

Title:	**Do Reporting Biases Mitigate Disparity Estimates?**
Principal Investigator	Peter Franks, MD
Grant/Contract Number	412508-G
Source of Support	University of Rochester
Approved/Proposed Dates:	9/15/03-8/31/05
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. One paper has been published in Medical Care, another, exploring whether the discrepancy is generalizable to other prevention procedures is under review. We are also exploring the extent to which claims denial plays a role in the discrepancies. That is, are principal providers of minority patients more likely to have their claims denied?

Title:	**Patient Coaching for Care of Cancer Pain**
Principal Investigator:	Richard Kravitz, MD, MSPH
Grant/Contract Number:	KRPRACS
Source of Support:	American Cancer Society
Approved/Proposed Dates:	01/01/2006-12/31/2009
Total Costs:	$1,531,562

An estimate of 90% of patients with cancer experience at least moderate pain at some point in their illness, and 42% of patients do not receive adequate palliation. The main objective of this research is to reduce barriers to pain control by creating more effective partnerships between patients and their health care providers. The aims of the study are: 1) to compare the effects on pain, cancer-related symptoms, and health-related quality of life of a standard cancer pain educational leaflet versus face-to-face, tailored education and coaching; 2) to estimate the effect

of tailored education and coaching on patients' self-confidence for managing their pain and participating actively in care; and 3) to examine the mechanisms underlying the beneficial effects of the intervention. The proposed model will enhance research on pain management in that it is a pilot-tested intervention that is applicable in the outpatient setting, based on Social Cognitive Theory, and focused on patient activation and education.

Title:	**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 Academy Health (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

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.

Kravitz RL, Franks P, Feldman M, Meredith L, Hinton L, Franz C, Duberstein P, Epstein RM. What drives referral from primary care physicians to mental health specialists? A randomized trial using actors portraying depressive symptoms. JGIM (in press).

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 (in press).

Epstein RM, Shields CG, Franks P, Meldrum SC, Feldman M, Kravitz RL
Exploring and validating patient concerns: relation to appropriateness of prescribing in depression. Annals Fam Med (in press).

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 (under review).

Srinivasan M, Franks P, Meredith LS, Fiscella K, Epstein RM, Kravitz RL. Connoisseurs of care? Unannounced standardized patients' ratings of physicians. Med Care (revised and resubmitted).

Jerant A, Kravitz RL, Rooney M, Amerson S, Kreuter M, Franks P. Effects of a tailored interactive multi-media computer program on determinants of colorectal cancer screening: A randomized controlled pilot study in physician offices. Annals Fam Med (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).

Young HN, Bell RA, Epstein RM, Feldman MD, Kravitz RL. Physicians' provision of antidepressant information. JGIM (Returned for revisions).

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

The Prescription Drug Information Project II (PDIP II) is a collaborative venture between the University of California (UC Davis is the lead site) and the California HealthCare Foundation. The goal of the PDIP is to support California's clinicians and patients as they make day-to-day decisions about what drugs to prescribe and what drugs to take. The governing principle is that accurate, understandable information about effectiveness, side effects, and costs will help clinicians and patients select the best drug or treatment for them at the best price.
The UC team performed scientific reviews of the treatment options for six common health conditions based on the evidence gathered by UC pharmacists and physicians, as well as publicly available evidence reports prepared by the Drug Evaluation Review Project (DERP, run by the Center for Evidence-Based Policy at Oregon Health and Science University). Summary conclusions were vetted by a scientific review panel consisting of doctors and pharmacists from the University of California and by nationally recognized experts in the condition-specific areas. The conditions addressed by PDIP II are: Congestive Heart Failure, Diabetes, Migraines, Hypertension, Neuropathic Pain, and Chronic Low Back Pain.

Publications

Shrank WH, Young HN, Ettner SL, Glassman P, Asch SM, Kravitz RL. Do the incentives in 3-tier pharmaceutical benefit plans operate as intended? Results from a physician leadership survey. Am J Manag Care. 2005 Jan;11(1):16-22.

Shrank WH, Asch SM, Joseph GJ, Young HN, Ettner SL, Kholodenko Y, Glassman P, Kravitz RL. Physicians' perceived knowledge of and responsibility for managing patients' out-of-pocket costs for prescription drugs. Ann of Pharmacother. 2006 Sep;40(9):1534-40.

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

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

Despite the importance of pediatric acute illness and injury treated in emergency departments (EDs) and by pre-hospital care providers, scientific data to guide care is often lacking. This is a result of: a) the local infrequency of many important pediatric illnesses/injuries, and adverse outcomes, necessitating large samples for adequate study; b) results of single-site research may not be generalizable to all children; and c) historically, the limited infrastructure for collaborative study of pediatric emergency medicine (PEM)/EMSC. We created a robust research node of the Pediatric Emergency Care Applied Research Network (PECARN) in 2001-2005, which we then refined for the new grant period of 2005-2008. Our ACORN node of PECARN is a successful collaboration of six academic pediatric EDs with research experience and infrastructure, drawing from a large, diverse patient volume. The goals of this collaboration are to optimize ACORN nodal infrastructure, to generate and implement rigorously-designed research proposals on high-priority EMSC topics, to disseminate peer-reviewed research findings to EMSC practitioners, and to translate research findings into practice.

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

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

The long-term objective of this study is to develop a highly accurate decision rule for the evaluation of children with blunt head trauma. The specific aims are to derive and internally validate a clinical decision rule which accurately and reliably identifies children at high risk and those at near-zero risk of TBI after blunt head trauma. This is a prospective, multi-center observational study of children with blunt head trauma evaluated in the 25 hospitals of the

Pediatric Emergency Care Applied Research Network (PECARN) of the Maternal and Child Health Bureau. These 25 hospitals evaluate more than 808,000 children of diverse geographic and racial/ethnic backgrounds in their EDs on an annual basis (of whom approximately 16,000 have blunt head trauma).

Children with blunt head trauma at these centers will be evaluated and enrolled into the study at the time of presentation to the participating EDs over two years, and will be followed prospectively to detect the outcomes of interest: 1)TBI on CT scan, and 2)TBI in need of acute intervention (defined by the need for neurosurgery, endotracheal intubation for >24 hours, or hospitalization for 2 or more nights). The clinical data collected at the time of ED presentation will then be analyzed using binary recursive partitioning to generate a clinical decision rule(s) for the identification of children at high risk, and near-zero risk of TBI. This rule will be tested in the PECARN network and widespread dissemination will result in more efficient, evidence-based evaluation of children with head trauma which in turn will make the use of CT more appropriate and hopefully less frequent. This project has completed enrollment of 30,000 patients to derive the decision rule, and is currently enrolling 10,000 additional patients for validation of the decision rule.

Title:	**Costs of Occupational Injury and Illness**
Principal Investigator	J. Paul Leigh, PhD
Grant/Contract Number	RO1 OH008248
Source of Support	National Institute for Occupational Safety and Health
Approved/Proposed Dates:	06/01/05 – 05/31/10
Total Costs	$644,813

We will estimate the national costs of occupational injury and illness. Costs will be estimated in: 1) specific economic categories of direct (medical, administrative) and indirect (lost earnings, fringe benefits, home production, employer costs); 2) demographic categories involving gender, race, ethnic, and age groups; 3) fatal diseases such as asthma, COPD, pneumoconiosis, bladder cancer, lung cancer, and coronary heart disease, renal disease; 4) non-fatal diseases such as dermatitis, carpal tunnel syndrome, hernia, poisoning, sprains and strains; 5) injuries such as amputations, burns, concussion, electric shock, fracture. Finally, we will conduct an extensive sensitivity analysis to determine how our estimates vary as key assumptions are altered.

Disease cost for fatal diseases will be estimated by aggregating and cross-classifying the National Hospital Discharge Survey, the Ambulatory Care Visits Survey, the Hospital Inpatient Statistics Reports, National Healthcare Expenditures Reports, and Vital and Health. We will use the prevalence-based approach. We will assign population-attributable risk percents (PAR%) based upon numerous studies that estimate the contribution of occupational exposures to the development of 16 fatal diseases. Costs of fatal occupational injuries will be estimated with the NIOSH/Biddle model, which will use medical cost data and a present value equation to estimate indirect costs. Non-fatal injury and illness estimates will combine data and models from many sources and use the "incidence" method. The BLS Annual Survey estimate of non-fatal injuries and illnesses will be adjusted to reflect the omissions of government workers and the self-employed as well as estimates of over- and under-reporting of injuries.

Data from the NCCI will be combined with Annual Survey data to estimate numbers of injuries and illnesses in the WC categories of cases: medical only, temporary partial and total disability, permanent partial disability, and permanent total disability. NCCI data on medical costs per case of injury or illness will be combined with modified Annual Survey data to estimate total medical costs. NCCI data on WC indemnity data, published statistics on wage-replacement rates and Annual Survey data to estimate lost earnings, lost fringe benefits and lost home production.

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

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

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

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

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

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

Title:	**Simultaneous Care: Linking Palliation to Clinical Trials**
Principal Investigator:	Frederick Meyers (PI)
Grant/Contract Number:	1 R25 CA95260-01
Source of Support:	NIH/NCI
Approved/Proposed Dates:	07/25/02 - 06/30/07
Total Costs:	$2,515,774

This supportive care trial tests the value of teaching problem-solving skills to investigational trial cancer patients and their caregivers, in order to improve quality of life.

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

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

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

Publications

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. 104(12Suppl):3015-24. 2005.

Lara PN Jr, Paterniti DA, Chiechi C, Turrell C, Morain C, Horan N, Montell L, Gonzalez J, Davis S, Umutyan A, Martel CL, Gandara DR, Wun T, Beckett LA, Chen MS Jr. Evaluation of factors affecting awareness of and willingness to participate in cancer clinical trials. J Clin Oncol. Dec 20;23(36):9282-9. 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, Souchek J, Collins T, Ashton CM. Perceived Efficacy and Follow-up to Abnormal Mammography. Cancer (under review).

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 had two broad objectives. First, we examined the availability of Medicare HMOs and benefit packages for beneficiaries of differing race/ethnic classifications, how HMO enrollment rates were 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 determined 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 used 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 examine beneficiaries' familiarity with Medicare programs (FFS & MCA) and terminology. Twenty-two in-depth, semi-structured beneficiary interview transcripts were analyzed through iterative review. Across gender, race/ethnicity, and benefits programs, participants found interview questions with Medicare terminology difficult to answer, potentially causing missing, incorrect and inaccurate responses to interview questions. Assessment of beneficiary knowledge may be fundamentally impacted by absence of basic familiarity with Medicare programs terminology. Six factors relating to understanding and knowledge–motivation, kind and depth of knowledge, accuracy of knowledge, trust, and information-seeking style–appeared to have a specific influence on choices of Medicare benefit program. These factors suggest ways of typing beneficiaries themselves–what they know, how they know it, and what motivates them to learn. Ultimately, a better understanding of these factors could assist in targeting information to beneficiaries to better inform their Medicare benefits choices.

<u>Publications</u>

Teal CR, Paterniti DA, Murphy CL, John DA, Morgan RO. Medicare Beneficiary Knowledge: Measurement Implications from a Qualitative Study. Health Care Financing Review 27(4):13-23. Summer 2006.

Morgan RO, Teal CR, Petersen LA, Byrne M, Paterniti DA, Virnig B. Familiarity with Medicare and Self-Reported Access to Care. Health Services Research (under review).

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

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

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

The UC Davis School of Medicine proposes the development of **CULMEC** (cultural competence in medical student education, an integrated and developmentally informed curriculum). ***CULMEC*** is a comprehensive initiative to design, implement, and evaluate a new longitudinal cultural competence education curriculum for medical students. Drawing upon the extensive resources of the University of California, Davis; Kaiser Permanente; and the State of California's Department of Health Services, ***CULMEC*** will use the UC Davis Medical School as a laboratory to develop a longitudinal integrative curriculum on cultural competence. This innovative curriculum will be designed to be stage-appropriate for medical student growth, and follow sound educational theory on the development of cultural competence among clinicians. Our intent is to create a replicable program that can be shared with other health sciences schools nationwide.

Students in all four years of medical school at UC Davis will participate in this model program. Cultural competence education will be integrated into experiential community based activities, didactics, standardized patient cases, and teaching opportunities over the four years of medical training. In addition, four UC Davis clinical departments will develop pilot programs

strengthening the integration of cultural competence education into their third-year clerkships. Finally, approximately 10% of fourth-year students will participate in an intensive new "special studies module" focusing on the intersection of culture and health care. In this curriculum development and implementation process, at least 78 faculty will participate in faculty development to become better teachers of culturally competent care. The TACCT (Tool for Assessing Cultural Competence Training) domains will guide our evaluation as we carefully assess students' knowledge, skills, and attitudes semiannually and our school's overall curriculum design.

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

Title:	**Interventions to Improve Shared Decision-Making: Prostate Cancer Screening**
Principal Investigator:	Michael 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) impacts physician and patient knowledge, skills and attitudes about PSA screening, and primary care physicians' (PCPs) PSA screening practices.

In a unique public-private partnership, 140 PCPs across four health systems in California (UC Los Angeles, UC Davis, Kaiser Permanente in both Northern CA and Southern CA, and the Dept. of Veterans Affairs) will be randomized by practice site to the control group or the intervention group. Control group PCPs will have access to a CDC brochure about PSA screening. PCPs in the intervention group will use an interactive web-based curriculum that include visual tools, 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 an interactive curriculum covering similar content from a patient perspective. Both intervention groups (PCP-only or physician and patient intervention) will be compared to controls regarding knowledge, skills and attitudes. The primary endpoint will be changes in physician SDM behavior (Kaplan scale). Pre- and post-test changes in PCP knowledge and attitudes will also be assessed, and

post-intervention PCP SDM skills will be assessed using unannounced standardized patients, who present to PCP offices with a request for PSA testing. Post-test patient changes in knowledge and attitudes will also be assessed. Finally, any change in actual PSA ordering behaviors will be assessed.

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

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

E. Education and Training Activities

Seminar Series

CHSRPC sponsors a weekly seminar series for all interested faculty, staff and students. The goal of the weekly Seminars is to enhance the intellectual environment for health services research at UC Davis and to help faculty and trainees develop the skills to conduct first-class health services research projects. In addition, CHSRPC hosts quarterly Seminars on the Davis campus. Continuing Medical Education credit is available to practicing physicians; graduate students in Epidemiology can earn 1 unit of course credit for each quarter of regular attendance. Appendix 4 provides titles of the Seminar Series from visiting presenters and UCD faculty and staff presenters for 2005-2006.

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 2005-2006 may be found in Appendix 5.

Primary Care Outcomes Research Fellowship Program (PCOR)

The mission of PCOR is to prepare primary care physicians for careers as outstanding clinical investigators and primary care educators, especially in California's underserved communities. With start-up funds from the Dean of the SOM and participation from the Departments of Internal Medicine, Family Medicine, and Pediatrics, CHSRPC launched this unique, interdisciplinary research training fellowship in July 2002 and received a three-year federal award in 2003. 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 2005- 2006 are provided in **Appendix 6** and **Appendix 7**, respectively.

Academic Instruction

CHSRPC faculty have cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology (Kravitz, Paterniti, Romano, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl), as well as provide mentoring and serve on dissertation committees. A list of graduate students and undergraduates who have participated as interns or research assistants on CHSRPC projects during 2005-2006 is documented in **Appendix 8.**

F. Publications

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

G. Translational Research

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

A Brief Tutorial on T2 Translation and Implementation Science

Improvements in health and health care depend not only on new scientific discoveries ("doing better things") but also applying what is known with high fidelity, in real clinical settings ("doing things better"). Substantial evidence suggests that quality of care in the United States is far from optimal; on average, patients receive about 55% of services supported by clinical trials and recommended by experts. Moreover, quality is unevenly distributed, so that the likelihood of receiving effective services, safely delivered, varies as a function of insurance, income, education, race, ethnicity, disability, and most importantly -- geography. Getting *more* services is

not necessarily better, as studies show that the adjusted per capita health care expenditures are about twice as high in New Jersey than in Hawaii, with no gains in outcomes. It's a matter of getting the right services, rightly delivered, at the right time.

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

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

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

Examples of CHSR/PC T2 Translational Successes

Local

- The CHSR/PC's evaluation of the HEALTH Project (F. Molitor, Director) for the Sacramento Community Services Council used state-of-the art survey methods to measure changes in access and health status among formerly homeless individuals living in transitional housing who were exposed to a new program offering on-site health services.
- CHSR/PC was the incubator for the Simultaneous Care Project (F. Meyers, PI), which gives Sacramento area cancer patients the opportunity to undertake therapies with curative and palliative intent at the same time.
- The WARFDOCS Project (R. White, PI) developed a computer algorithm for safer warfarin therapy, loaded it on handheld computers, and evaluated it in 5 area hospitals.
- Work led by Joy Melnikow, MD, has identified efficient algorithms for followup of abnormal Pap smears among poor women; the project was conducted in collaboration with Planned Parenthood of Sacramento.
- Richard Pan and Debora Paterniti implemented a community-based child advocacy block rotation for UCDMC pediatric residents and evaluated its effect on residents and on the community.

- The TRUE Project (E. Callahan, PI) implemented an innovative risk reduction education program in Sacramento high schools.
- CHSR/PC has trained scores of UCD undergraduates and medical students in applying health services research techniques in the community.

State

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

National

- Under Dr. Romano's leadership, CHSR/PC has been heavily involved in developing a toolbox of quality measures for the US Agency for Health Care Quality and Research (AHRQ) and for the National Quality Foundation (NQF).
- Drs. Kravitz and Wilkes have testified before Congress on the results of CHSR/PC research concerning direct-to-consumer advertising of prescription drugs and medical education.
- Dr. Leigh has published the definitive monograph on costs of occupational injuries and diseases for NIOSH.
- Multiple projects using large national datasets have provided insights into the genesis of racial/ethnic health disparities and suggested possible solutions (P. Franks with J. Melnikow, P. Leigh and others).

II. Summary of Progress and Future Plans

State Health Policy Unit

Yali Bair, PhD (Epidemiology) heads CHSRPC's 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 secured funding for a conference "From Research to Policy" Transforming California's Emergency Healthcare System" which was held

October 5, 2005. The symposium provided up-to-date information on the state of California's emergency services infrastructure and generated 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 to alleviate bottlenecks, obstacles, and disincentives that currently dissuade campus faculty from participating in collaborative ventures with CHSRPC. We continue to seek the talent of faculty from the social sciences and humanities on the UC Davis campus. Faculty in political science, statistics, and sociology have been identified and targeted for potential Center membership and participation in Center-related grants and affairs. Identification of specific incentives for faculty participation is necessary.

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

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

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

Establish a Program in Health Communication within CHSRPC. UCD has a strong core of faculty interested in health communication, including CHSRPC members Drs. Kravitz, Melnikow, Meyers, Bell, Paterniti, Callahan, Bertakis, Lara, Jerant, Alcalay, García, and Wilkes. Diana Cassady, 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. CHSRPC is working on a set of joint recruitments with the Department of Internal Medicine that would establish a program in Vascular Population Health and Outcomes research.

III. Financial Reporting

The Center transitioned administrative management from the School of Medicine, Department of Internal Medicine, to an Organized Research Unit (ORU) under the Office of Vice Chancellor for Research (OVCR) in 2003-2004. This transition, deemed critical in sustaining the long-term success of the Center, allowed direct management of the Center's fiscal and personnel resources. Center administration, although struggling with the challenges of cross-training and retention, has developed an infrastructure that will allow the Director and Associate Director to manage the Center's administrative functions and support multidisciplinary research in a more efficient and cost-effective manner by allowing sponsored research by investigators from varied schools and departments.

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

For Fiscal Year 2005-2006 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.

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 $1,034408. During fiscal year 2005-2006, twenty-five new proposals (updated?) 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, nurses, and research assistants who are available to help faculty conduct research and further the Center's mission. Several senior staff members have progressed to the point where they are PIs on their own grants. Additionally, several junior and senior staff members are actively pursuing undergraduate and graduate degrees (Master and Doctoral level) at UC Davis, California State University, and Los Rios Community College.

- Contributed to the development of new Health System faculty (Tonya Fancher in Internal Medicine; Ronald Fong in Family & Community Medicine).

- Facilitated the recruitment of prestigious senior-level faculty members to the UCD Health System (Jill Joseph and Sergio Gaxiola-Aguilar).

- Been involved with the recruitment of prestigious faculty in other departments, such as Lars Ellison in Urology, and continued participation in recruitment of faculty to the Program in Vascular Health and Disease.

- Led internal initiatives to create a practice-based research network (PC-AWARE) and a research program in patient safety (CROPS).

- Cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology (Kravitz, Romano, 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 identified three operational principles (coherence, efficiency, learning) during 2004-2005 that facilitate an open and interactive forum for communication between staff, faculty, committee members, and the community. The Center continues to work towards internal and external processes and procedures that are seamless, innovative, and interactive.

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
Fiscal Year 2005 - 2006

Name	Department
Alcalay, Rina, PhD	Communication
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	Chicano/Chicana Studies
Derlet, Robert, MD	Emergency Medicine
Drake, Christiana, PhD	Statistics
Ducore, Jonathan, MD	Pediatrics
Franks, Peter, MD	Family and Community Medicine
Garcia, Jorge, MD, MS	General Medicine
Gilbert, William, MD	Obstetrics and Gynecology
Hansen, Robin, MD	Pediatrics
Harris, Emily, MD	Psychiatry
Helms, Jay L., PhD	Economics
Hilty, Donald M., MD	Psychiatry
Hirsch, Calvin, MD	General Medicine
Jerant, Anthony F., MD	Family and Community Medicine
Joye, Nancy, MD	Pediatrics
Kravitz, Richard L., MD, MSPH	Internal General Medicine
Krener-Knapp, Penelope, MD	Psychiatry
Kuppermann, Nathan, MD, MPH	Emergency Medicine and Pediatrics
Leigh, Paul J., PhD	CHSR/PC
Loewy, Erich, MD	General Medicine - Bioethics
Lowey-Ball, Albert, MS, MA	ALBA, Inc./Economics, Holy Names College
Lyman, Donald, MD, DTPH	California Department of Health Services
Marcin, James, MD, MPH	Pediatrics

Name	Department
McCann, John, MD	Pediatrics
McDonald, Craig, MD	Physical Medicine and Rehabilitation
Melnikow, Joy, MD, MPH	Family and Community Medicine
Meyers, Frederick J., MD	Internal Medicine Administration
Mitchell, Connie, MD	Pediatrics
Moore, Charles, MD, MBA	Kaiser Permanente Hospital System
Müller, Hans-Georg, PhD, MD	Statistics
Murray-Garcia, Jann, MD, MPH	Private health policy consultant
Nesbitt, Thomas, MD, MPH	Family and Community Medicine
Palmer, Donald, PhD	Graduate School of Management
Pan, Richard J.D., MD, MPH	Pediatrics
Paterniti, Debora, PhD	CHSRPC and Sociology
Raingruber, Bonnie, RN, PhD	Center for Nursing Research
Rainwater, Julie, PhD	General Medicine
Rich, Ben, PhD	General Medicine/Bioethics
Robbins, John, MD, MHS	General Medicine
Rocke, David M., PhD	Graduate School of Management
Romano, Patrick, MD, MPH	General Medicine & Pediatrics
Roussas, George, PhD	Statistics
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
Board of Advisors
Fiscal Year 2005 – 2006

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APPENDIX 3

UC Davis Center for Health Services Research in Primary Care
Summary of Grant Proposals Submitted
Fiscal Year 2005 – 2006

PI	DEPARTMENT	PROJECT TITLE	AGENCY	SUBMISSION DATE	AMOUNT REQUESTED	OUTCOME
Aguilar-Gaxiola, Sergio	Internal Medicine	Technical Assiistance & Capcity Development Demonstration Grant for HIV/AIDS related services in Minority Communitties	NIH	7/13/2005	$1,049,997	Not Funded
Yasmeen, Shagufta	OBGYN	Comorbidities & BCA Among Elderly Women in State of California	NCI	9/1/2005	$623,317	Not Funded
Melnikow, Joy	Family & Comm. Med	Cancer Priorities in Latino Community	CHCWest	10/1/2005	$25,000	Funded
Melnikow, Joy	Family & Comm. Med	Minority Supplement to CIN Study R01 MH 064683-Rose Arellanes Candidate	NCI	11/22/2005	$61,975	Funded but Candidate left
Romano, Patrick	CHSRPC	Impact of Resident Work Hour Rules on Erros and Quality.	Prime: NIH; Subcontract with University of Pennsylvania	12/9/2005	$41,782	Funded
Leigh, Paul	EPI	Economic Impacts of Selected Medi-Cal Managed Care and Related Policy Options	CPAC	12/13/2005	$47,905	Not Funded
Callahan, Edward	Family & Comm. Med	TRUE Community Coaliton	Calfifornia Endowment	12/21/2005	$1,125,393	Not Funded
Kravitz, Richard	CHSRPC	SIPII-Targeted PSAs to Enhance Depression Care Seeking & Improve Treatment Quality	NIMH	1/21/2006	$3,736,823	Not Funded
Paterniti, Debora	CHSRPC	The Breast Cancer Experience of Slavic Women	UCOP, CRCRP	2/24/2006	$167,359	Funded
Romano, Patrick	CHSRPC	Quality MeasuresEvaluation	State-OPA Contract	5/16/2006	$105,834	Funded
Fancher, Tonya L.	Internal Medicine	Testing the Depression Adherence in Southeast Asians (DAISEA) Approach	NIMH	5/25/2006	$747,387	Not Funded
Fancher, Tonya L.	Internal Medicine	Providing Culturally Sensitive Knowledge to Alleviate Depression in the Sacramento Vietnamese Community	Robert Wood Johnson Foundation	6/2/2006	$82,559	Not Funded

Kravitz, Richard	CHSRPC	Integrating Basic Science into Medicine (IBSM); Program Evaluation for Dr. Bonham	Howard Hughes Medical Institute (HMMI)	6/6/2006	$86,460	Internal Funding
Yasmeen, Shagufta	OBGYN	Comorbidities & BCA Among Elderly Women in State of California	NCI	6/29/2006	$624,789	Not Funded
Bair, Yali	CHSRPC	Ethnic Physician Network	CMA Foundation	4/21/06; supplemental matterials 5/29/06	$100,000	Not Funded
Paterniti, Debora	CHSRPC	1st Responder's Survey	EMSA	to OVCR Liaison 6/15/06	$130,880	Not Funded
Franks, Peter	Family & Comm. Med	Using Social Risk to Guide Cholesterol Treatment	Prime: NIH; UCD Subcontract with U of Rochester	To Rochester 2/15/06	$283,900.00	Not Funded

APPENDIX 4

UC Davis Center for Health Services Research in Primary Care
Seminar Series
Fiscal Year 2005 – 2006

Visiting Presenters

Presenter	Company Represented	Presentation	Date
Laura Petersen, MD	Baylor School of Medicine	Bridging the 'Chasm' in the Quality of Cardiovascular Care	7/21/05
Neil Kohatsu, MD	University of Iowa	Exploring the Relationship Between Sleep and Obesity	9/29/05
Barbara Buehler	Sutter Health	Perinatal Profiles	11/3/05
Elisa Tong, MD	UC San Francisco	The New Landscape of Smoking: Light and Intermittent Smokers	11/10/05
Sheldon Greenfield, MD	UC Irvine	Predicting future health related-quality-of-life and mortality from a patient reported instrument	1/5/06
Mark Fox, MD	University of Oklahoma College of Medicine-Tulsa	Ethical Implications of Organ Transplantation Policies	1/19/05
Ed Barakatt	California State University-Sacramento	Identifying Clinically Important Differences in Pain Intensity of Patients with Low Back Pain	1/26/06
Gary Passmore	Congress of the California Senior	Medicare Part D benefits	2/2/06
Earnest Cowles	California State University-Sacramento	An Introduction to the Institute for Social Research at CSUS	2/16/06
Feng Zeng	MedStat	The Effect of Medicare HMOs on Hospitalization Rates for Ambulatory Care Sensitive Conditions	3/16/06
Dr. Dave Carlisle Dr. Cesar Aristeiguieta	OSHPD	Doctors in governmental policy positions, how have we gotten there, and what do we do	3/23/06
Steve Cummings	UC San Francisco	Future Treatments in Osteoporosis	3/30/06

UC Davis Center for Health Services Research in Primary Care
Seminar Series
Fiscal Year 2005 – 2006

UCD Faculty and Staff Presenters

Presenter	Department Represented	Presentation	Date
Su-Ting Li, MD	Pediatrics	Design of an EMR Health Maintenance Interruptive Alerts RCT	9/1/05
Lorena Garcia, PhD	Chicana/o Studies	Latino Health	9/15/05
Richard Kravitz, MD	CHSR/PC	Direct to Consumer Advertising	9/21/05
Jane Heinig, PhD	Nutrition	Cross Case Comparison of Models of Breastfeeding Support in California	10/6/05
Jeff Gill, PhD	Political Science	Why Everyone should be a Bayesian	10/7/05
Lisa Ward, MD	PCOR Fellowship and OB/GYN	Impact of health insurance change on healthcare expenditures	10/13/05
Paul Leigh, PhD	CHSR/PC and Public Health Sciences	Occupational Disease and Workers' Compensation: Coverage, Costs, and Consequences	10/20/05
Yali Bair, PhD	CHSR/PC	A Summary of Health-related Propositions on the November 8th Special Election Ballot	10/27/05
Kristi McLeod, MD	PCOR Fellowship and Pediatrics	The use of Telemedicine to support and improve pediatric sexual assault exams performed by rural providers	11/17/05
Paul Leigh, PhD	CHSR/PC and Public Health Sciences	An Application of Tobit Regression and Oaxaca Decomposition Technique to Estimate Effects of Smoking on Absence from Work Due to Illness	12/1/05
Jill Joseph, MD	GCRC and Pediatrics	CTSA and its implications for health services research	12/8/05
Peter Franks, MD	Family and Community Medicine	Patient Coaching: Reducing Disparities Downstream	12/15/05

Ulfat Sheik, MD	Pediatrics	Prevalence of overweight among adolescents in rural California	1/12/06
Peter Franks, MD	Family and Community Medicine	Cigarette Prices, Smoking, and the Poor: Good Policy or Double Jeopardy	2/9/06
Thuan Nguyen	Statistics	Statistical Analysis for atazanavir-related hyperbilirubinemia	2/23/06
Rose Arellanes, MD	PCOR Fellowship and OB/Gyn	Health Status and Hispanic ...Ethnicities???	3/2/06
Joy Melnikow, MD	Family and Community Medicine	Dissemination and Implementation Research: Brainstorming Responses to an NIH program announcement	3/9/06
John Troidl, PhD	Public Health Sciences	A working session on developing a Health Workforce Needs Assessment survey tool for use in California	4/6/06
Bonnie Raingruber	Center for Nursing Research	The Advantage Of Partnering For R-15 NIH Grants: Mentorship Stipends, Joint Submissions, and Co-Authorship	4/20/06
Yali Bair , PhD Lisa Ward, MD	CHSR/PC	Human Papilloma Virus: The Science and the Politics	5/4/06
Paul Leigh, PhD	CHSR/PC and Public Health Sciences	Occupation, income and education as independent predictors of arthritis: Data from 4 national data sets	5/9/06
Donaly Hilty, MD PhD	Psychiatry	Maximizing Outcomes From Academic Meetings Through Application of Educational Principles	5/18/06
Dan Tancredi, PhD	CHSR/PC	Design Insights for Epidemiological Studies of Prevalent and Incident Dementia	5/25/06
Patrick Romano, MD	Internal Medicine	Senate Office of Research: State Capital Public Reporting of Health Care Quality Data	6/1/06
Richard Kravitz, MD	CHSR/PC	Work-in-Progress: A Third Way? Cost of Mandatory n-of-1 Trials of Expensive Biological Therapies	6/15/06

Lisa Ward, MD	OB/Gyn	Muslim Women's Health: Barriers to Cancer Screening	6/22/06

APPENDIX 5

UC Davis Center for Health Services Research in Primary Care
Journal Club
Fiscal Year 2005 – 2006

Date	Journal Article and Title	Presenter
9/8/05	Children in the United States with Discontinuous Health Insurance Coverage. Olson LM, Tang SF, Newacheck PW. N Engl J Med. 2005 Jul 28;353(4):382-91	Lisa Ward, MD
9/22/05	Importance of Generational Status in Examining Access to and Utilization of Health Care Services by Mexican American Children. Burgos AE, et al. Pediatrics. 2005 Mar;115(3):e322-30	Rose Arellanes, MD
10/6/05	The Critical Care Safety Study: The incidence and nature of adverse events and serious medical errors in intensive care. Rothschild JM et al. Crit Care Med. 2005 Aug;33(8):1694-1700	Jim Marcin, MD
10/20/05	Gasoline Prices and Motor Vehicle Fatalities. Grabowski DC and Morrisey MA Journal of Policy Analysis and Management 2004; 23;3:575-593	Paul Leigh, PhD
11/3/05	Hospital- and Patient-Level Characteristics and the Risk of Appendiceal Rupture and Negative Appendectomy in Children. Ponsky TA, et al. JAMA. 2004 Oct 27;292(16):1977-82	Rose Arellanes, MD
11/17/05	Effect of a Clinical Trial Alert System on Physician Participation in Trial Recruitment. Embi PJ, Jain A, Clark J, Bizjack S, Hornung R, Harris CM. Arch Intern Med. 2005 Oct 24;165(19):2272-7	Este Geraghty , MD
12/1/05	Work in Progress	Peter Franks, MD
12/15/05	Work in Progress	Lisa Ward, MD
1/5/06	Profiling Care Provided by Different Groups of Physicians: Effects of Patient Case-Mix (Bias) and Physician-Level	Sheldon Greenfield, MD

	Clustering on Quality Assessment Results. Greenfield S, Kaplan SH, Kahn R, Ninomiya J, Griffith JL. Ann Intern Med. 2002 Jan 15;136(2):111-21	(Guest Presenter)
1/12/06	Work in Progress	Jan Murray-Garcia, MD Jorge Garcia, MD
2/23/06	Pesticide Spraying for West Nile Virus Control and Emergency Department Asthma Visits in New York City, 2000. Karpati AM, et al. Environ Health Perspect. 2004 Aug;112(11):1183-7	Este Geraghty, MD
3/23/06	Risk of injury to child passengers in sport utility vehicles. Daly L, Kallan MJ, Arbogast, K, Durbin DR. Pediatrics. 2006 Jan;117(1):9-14	Kristin McLeod, MD
4/6/06	Low-Fat Dietary Pattern and Risk of Cardiovascular Disease: The Women's Health Initiative Randomized Controlled Dietary Modification Trial. Howard et al. JAMA. 2006 Feb 8;295(6):655-66	Rose Arellanes, MD
4/20/06	The effects of particulate air pollution on daily deaths: a multi-city case crossover analysis. Schwartz J. Occup Environ Med. 2004 Dec;61(12):956-61	Este Geraghty, MD
5/18/06	The arms race on American roads: the effect of sport utility vehicles and pickup trucks on traffic safety. White MJ Journal of Law and Economics. October 2004, pages 333-355	Paul Leigh, PhD
6/8/06	Who Is at Greatest Risk for Receiving Poor-Quality Health Care? Asch SM, et al. N Engl J Med. 2006 Mar 16;354(11):1147-56	Lisa Ward, MD
6/29/06	Work in Progress	Rose Arellanes, MD

APPENDIX 6

UC Davis Center for Health Services Research in Primary Care
Primary Care Outcomes Research Program (PCOR) Fellows
Fiscal Year 2005-2006

Name	Affiliated Department	Research Interests	Year of Matriculation
Kristen MacLeod, MD	Pediatrics	Child Abuse	2003
Lisa Ward, MD	Family Medicine	Health Services Access and Insurance	2004
Rose Arellanes, MD	Family Medicine	Latino Community Health	2004
Malana Moshesh, MD	Obstetrics and Gynecology	Women's Health, Social Support/ Stressors across Ethnicity	2004
Estella Geraghty, MD	General Medicine	Occupational/ Environmental Public Health Informatics	2005
Jann Murray-Garcia, MD	Pediatrics		2005

APPENDIX 7

UC Davis Center for Health Services Research in Primary Care
PCOR Seminar Series
Fiscal Year 2005-2006

Presenter	Department	Presentation	Date
Patrick Romano, MD, MPH	Internal Medicine, UCD	Welcome Meeting	11/10/2006
John Ward	UCD Health Services Library	Endnote and how Endnote interfaces with PubMed	12/8/2005
Shelly Greenfield, MD, MPH	Psychiatry, Harvard University	Research Overview	1/5/2006
John Ward	UCD Health Services Library	Endnote demonstration	2/2/2006
Patrick Romano, MD, MPH	Internal Medicine, UCD	Publication Strategy: Negotiating Authorship, Journal Selection, and Peer Review – Part I	2/16/2006

Patrick Romano, MD, MPH	Internal Medicine, UCD	Publication Strategy: Negotiating Authorship, Journal Selection, and Peer Review – Part II	3/2/2006
Christina Kuenneth, MPH	Center for Health Services Research in Primary Care, UCD	The use of Access database and Excel spreadsheets for tracking research subjects in longitudinal studies	3/16/2006
Yali Bair, PhD	Center for Health Services Research in Primary Care, UCD	Translating Health Services Research into Health Policy	3/30/06
Jorge Garcia, MD	Internal Medicine, UCD	How to identify, avoid, and prevent abuse of medical students and other learners	4/27/2006
Danielle Harvey, PhD	Public Health Sciences, UCD	How to write the "data analysis" section of your grant proposals.	5/11/2006
Richard Pan, MD, MPH	Pediatrics, UCD	Integrating advocacy work and community engagement into an academic career.	5/25/2006
Jill Joseph, MD, PhD	Pediatrics and Center for Reducing Health Disparities, UCD	The joys and hazards of intervention research to reduce disparities	6/15/2006
Patrick Romano, MD, MPH	Internal Medicine, UCD	Improving visual and graphical displays in your abstracts and manuscripts	6/22/2006

APPENDIX 8

UC Davis Center for Health Services Research in Primary Care
Listing of Students Involved in Center Research Projects
Fiscal Year 2005 - 2006

Graduate Students

Student	**Project worked on**
Timothy Beer	All
Jessie Ruben	HIV/ Substance Abuse Prevention
Jill Bakehorn	Social Influences on Practice
Prya Shunmuga	ARHQ Quality Indicators
Banafsheh Sadeghi	INQUIRE and ARHQ Support for Quality Indicators
Madan Dharmar	OPA Project
Camille Cipri	Social Influences on Practice
Nora Horan	Social Influences on Practice

Undergraduate Students

Jackie Chisholm	WARFDOCS
Sheila Krishnan	Social Influences on Practice
Jason Mudrock	Social Influences on Practice
Jason Simone	INQUIRE
Leslie Lane	WARFDOCS
Kathryn White	Coronary Artery Bypass Graft Surgery in California
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
Thuan Ho*	HIV/ Substance Abuse Prevention

* Volunteers

APPENDIX 9

UC Davis Center for Health Services Research in Primary Care
Publication List
Fiscal Year 2005 – 2006

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

2006 Teal CR, Paterniti DA, Murphy CL, John DA, Morgan, RO. Medicare Beneficiary Knowledge: Measurement Implications from a Qualitative Study. Health Care Financing Review. 27(4):13-23. Summer.

2006 Derjung MT, Heritage J, Paterniti DA, Hays RD, Kravitz RL, Wenger NS. Physician Communication When Prescribing New Medications. Archives of Internal Medicine. 166:1855-82.

2006 Dayan P, Chamberlain J, Dean JM, Maio RF, Kuppermann N. The Pediatric Emergency Care Applied Research Network: Progress and Update. Clin Ped Emer Med. Jun 2006 7:128-135.

2006 Bair YA, White RH, Kravitz RL. Mandating coverage of biologic therapies for rheumatic disease: where evidence and politics meet. Arthritis Rheum. Jun 15;55(3):353-4.

2006 Bertakis KD, Azari R. The influence of obesity, alcohol abuse, and smoking on utilization of health care services. Fam Med. Jun;38(6):427-34.

2006 Kravitz RL, Franks P, Feldman M, Meredith LS, Hinton L, Franz C, Duberstein P, Epstein RM. What drives referral from primary care physicians to mental health specialists? A randomized trial using actors portraying depressive symptoms. J Gen Intern Med. Jun;21(6):584-9.

2006 Franks P, Hanmer J, Fryback DG. Relative disutilities of 47 risk factors and conditions assessed with seven preference-based health status measures in a national U.S. sample: toward consistency in cost-effectiveness analyses. Med Care. May;44(5):478-85.

2006 Gandhi SG, Gilbert WM, McElvy SS, El Kady D, Danielson B, Xing G, Smith LH. Maternal and neonatal outcomes after attempted suicide. Obstet Gynecol. May;107(5):984-90.

2006 Franks P, Muennig P, Lubetkin E, Jia H. The burden of disease associated with being African-American in the United States and the contribution of socio-economic status. Soc Sci Med. May;62(10):2469-78.

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