



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

2003 - 2004 Annual Report

Richard L. Kravitz, MD, MSPH
Professor and Director

Edward J. Callahan, PhD
Professor and Associate Director (through December 2003)

Debora A. Paterniti, PhD
Associate Adjunct Professor and Associate Director (beginning March 2004)

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

ANNUAL REPORT
2003-2004

The University of California Davis Center for Health Services Research in Primary Care has now completed nine years of continuing growth and development. The Center has developed a solid organizational and research base and has become increasingly successful in gathering federal grants, which generally 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 2003-2004 academic year, and included the preparation and submission of a Five Year Summary Report, covering the Center's five-year history as an Organized Research Organization (ORU). This annual report will provide an overview of the activities and accomplishments of the past year and highlight the Center's future goals.

I. Activities and Accomplishments of Current Academic Year

A. Administrative and Organizational Development

Center Leadership

During this reporting period, Dr. Kravitz continued to provide leadership as Center Director. He was assisted by Edward Callahan, PhD (Associate Director until December 2003) and Debora Paterniti, PhD (Associate Director beginning March 2004), Patrick Romano, MD, MPH (Education and Training Director), and Christine Harlan (Program Manager).

Reporting Relationships

Dr. Kravitz reports to Dr. Claire Pomeroy, Executive Associate Dean, School of Medicine, concerning day-to-day administrative affairs and continues to report to Vice Chancellor for Research Barry Klein for long-term programmatic affairs.

Center Space

At the beginning of academic year 2003-2004, Center staff from PSSB relocated to occupy the rest of the second floor Grange Building space, which added approximately 100 square feet of useable space for a total of 3,200 square feet. The transition to the Grange Building has allowed for consolidation of Center resources and more efficient performance as a Research Center. While this short-term solution has created more effective communication among Center staff, it has not solved the long-term issue of acquisition of additional space in response to the Center's continuing growth. We have already outgrown the Grange Building space. In early 2004, we added 189 square feet of office/research space at a satellite location in the Cypress Building, Room 1490, Suite B, to accommodate the needs of Center-affiliated research fellows (see below). Expectations are that we will continue to add new staff and faculty as we expand our research capability.

Computing Resources

CHSRPC's computing resources include a networked system of servers and workstations providing support for its' activities including proposal development, implementation of funded research projects, and data analysis. The servers and workstations are maintained by CHSRPC's staff. Services, which the servers provide, include login/authentication, file storage, print services and backup. All data stored on the servers are protected by security measures and backed up daily assuring that confidential data remains secure and intact at all times. Computing resources are distributed into the various groups with access rights pertaining to the group's responsibilities.

All users have access to individual workstations to serve the user's day-to-day needs. Additional computing resources include multi-use workstations running statistical software for managing large databases, scanning data electronically and allowing for faxing capabilities. One machine provides both remote access to users analyzing high end databases and Teleforms data entry access. Another machine serves as a second Teleforms machine as well as, fax machine and generates automated email notifications regarding human subject renewal deadlines.

Additionally, CHSRPC's web page, updated by its' staff, is hosted by the UC Davis Health System's main Information Technology group and web servers.

Center Faculty

CHSRPC membership has held steady at approximately 66 and continues to represent the disciplines of Medicine, Statistics, Economics, Sociology, Psychology, Management, Law, and Bioethics. The current mix of CHSRPC faculty is 47 (71%) from the SOM and 19 (29%) with appointments outside the SOM including UCD campus faculty, state and other Health System associates. Appendix 1 provides a list CHSRPC's faculty members.

Executive Committee

The Executive Committee continues to provide guidance to the Director through regular monthly meetings on the long-term development of CHSRPC as well as providing operational guidance, determining the allocation of resources, and reviewing and approving faculty membership applications. Executive Committee membership for the fiscal year 2003-2004 included:

Faculty

Richard L. Kravitz, MD, MSPH

Klea D. Bertakis, MD, MPH

Rahman Azari, PhD

Robert Bell, PhD

Edward Callahan, PhD

Adela de la Torre, PhD

Peter Franks, MD

Nathan Kuppermann, MD, MPH

Department

Professor and Center Director, Internal Medicine

Professor and Founding Director, Chair, Family and Community Medicine

Senior Lecturer, Department of Statistics

Professor and Chair, Department of Communication

Professor and Associate Center Director, Family and Community Medicine

Professor and Director, Chicana/o Studies

Professor and Core Center Faculty, Family and Community Medicine

Associate Professor, Emergency Medicine and Pediatrics

Paul Leigh, PhD

Professor and Core Center Faculty, Epidemiology and Preventive Medicine

Joy Melnikow, MD, MPH

Professor, Family and Community Medicine

Debora A. Paterniti, PhD

Assistant Adjunct Professor and Core Center Faculty, General Medicine

John Robbins, MD, MHS

Assistant Adjunct Professor, Dept. of Sociology

Patrick Romano, MD, MPH

Professor, General Medicine

Associate Professor and Core Center Faculty, General Medicine and Pediatrics

External Advisory Board

The purpose of the Board of Advisors is to provide CHSRPC leadership with advice on the direction of its programs and consists of leading community members, state health policymakers, and an emeritus dean. The Board met once during the 2003-2004 academic year to provide the Center leadership with advice on programmatic direction. Meetings are comprised of research presentations followed by focused discussion of key issues in the areas of setting organization priorities, reaction to the proposed Center name and mission statement change, and assessment of private fundraising opportunities. A list of current Board members is provided as Appendix 2.

Administrative Support

CHSRPC Leadership

With recruitment of an ever-larger and more experienced staff, CHSRPC's internal management structure has been periodically reorganized and now depends on a team approach.

Responsibility for executing CHSRPC's mission rests with a Director (Dr. Kravitz), an Associate Director (Edward Callahan, PhD through 12/03, Debora Paterniti, PhD from 4/04), an Assistant Director for Education and Training (Patrick Romano, MD, MPH), a Community Health Program Manager (Christine Harlan) and an AA III (Casie Gutierrez). In addition, CHSRPC employs a Senior Management Committee (informally known as the "Group of 6") consisting of senior project managers who are responsible for overseeing the work of three staff committees devoted to Training and Facilities, Work Processes, and Communication. The group consists of project managers Wilhelmina Cottman; Carol Franz, PhD; Janet Keyzer, RN-C, MPA; Christina Kuenneth, MPH; Jonathan Neufeld, PhD; and Michael Shults, MA.

Project Management

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

B. Outreach Activities

Intramural Outreach

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

Extramural Outreach

CHSRPC continues to function as a resource for the Sacramento region and is involved in a number of local, state and national activities. For example, Dr. Callahan has pulled together over a dozen community organizations to address HIV prevention in the Sacramento area; Dr. White has advised the California Institute for Health Systems Performance; and Dr. Romano was a deputy editor of *Medical Care* and serves on the editorial board of HSR, both leading health services research journals. 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 2004 – 2006 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*.

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. In 2003, CHSRPC convened a team of senior investigators in response to a National Cancer Institute RFA in the area of cancer communication. While program-project proposals impose the greatest demand on resources, a successful proposal will provide additional opportunities to enhance multidisciplinary collaboration. Another major focal point is supporting the efforts of junior faculty members to develop their own areas of research. Particular emphasis is placed on development of proposals to initiate pilot projects as well as full research programs. Senior faculty benefit from experienced support staff available to assist with budget preparation, template sections, and facilitating compliance with submission guidelines and forms. Over time, CHSRPC has gradually shifted its focus from support of smaller pilot and "starter" proposals to larger multi-year federal grants. Nevertheless, we anticipate continued involvement with a variety of funders (federal, state, foundation and other organizations) on projects of varied scope. Appendix 3 summarizes these and other proposals and indicates their funding status at the time of this report.

D. Active Research Projects During 2003 - 2004

During this fiscal year, the Center supported the conduct of 20 research projects. These projects are summarized in the following pages.

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

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

| | |
|-------------------------|--|
| Title | Minority Substance Abuse Prevention and HIV Prevention Services Program |
| Principal Investigator | Edward J. Callahan, PhD. |
| Grant/Contract Number | 1 H79 SP010296-01 |
| Source of Support | Substance Abuse and Mental Health Services Administration |
| Approved/Proposed Dates | 10/02-9/05 |
| Total Costs | \$1,018,953 |

The goal of this three-year study is to reduce substance abuse (including tobacco, alcohol, and drugs), and HIV infection among minority youth in Sacramento County.

Ongoing training is provided for primary care clinic providers to incorporate prevention messages in their outpatient visits with youth and parents and refer families to the TRUE prevention program. UCDCM primary care clinics, the Sacramento Community Clinic Consortium and other community-based organizations are primary referral sources. Six community clinics and two Health System clinics serve as study sites.

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

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

Troubling deficits exist in the palliative care (PC) of older adults under the prevailing hospice-oriented model. We previously described a PC model - TLC - that provides a blueprint for

remediating these shortfalls. In this model, PC is envisioned as Timely and team-oriented, Longitudinal, and Collaborative (including loved ones) and comprehensive. The Palliative Care in Assisted Living (PCAL) pilot study compared two TLC model-based, facility delivered interventions for improving the PC of elderly assisted living residents, a growing and under-researched population. The less intensive intervention involved one assessment followed by a PC improvement recommendation letter to the resident, family member, primary provider, and facility staff, while the more intensive intervention involved assessments and letters every three months. Primary outcomes were SF-36 Physical (PCS) and Mental (MCS) Component scores and recommendation adherence. Eighty-one subjects (mean age 85) enrolled, 58 in the more (2 facilities) and 23 in the less (1 facility) intensive group. A loved one attended 56% of baseline assessments. Most subjects expressed a preference for maintaining current quality of life over prolonging life at reduced quality. None were eligible for hospice. 418 recommendations (mean 5.1 per subject) were generated concerning symptoms, mood, functional impairments, and advance directives. We found no significant differences in recommendation adherence between more (42%) and less (44%) intensive groups, and no significant changes in PCS and MCS scores within or between groups. However, a loved one's attendance of the baseline assessment was associated with improved PCS scores ($p = 0.04$). Our pilot had numerous methodological limitations that could account for the lack of significant outcome effects. In this context, and given the myriad unmet PC needs we detected, the TLC model seems a promising alternative to the hospice model. More definitive intervention studies based on the TLC model appear warranted.

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

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

Year 1 activities focused on: finalizing methodology, enrolling 53 subjects from each site (physicians), obtaining IRB approvals from all sites, training 19 standardized patient/actors (SPs), developing instruments, establishing procedures to reduce detection, and initiating data collection at all three sites: Davis, Rochester, and San Francisco. In Year 2, data were collected from 298 SP visits to 152 primary care physicians. Detection was under 15%. Preliminary analysis indicates that patient requests have a strong influence on physician prescribing of antidepressants.

| Title | Comparative Information on Prescription Drugs Advertised Directly to Consumers |
|-------------------------|---|
| Principal Investigator | Richard Kravitz, MD, MSPH |
| Grant/Contract Number | 02-2339 |
| Source of Support | California HealthCare Foundation |
| Approved/Proposed Dates | 12/02-04/05 |
| Total Costs | \$459,850 |

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

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

To date we have established scientific teams, convened the project Policy Advisory Committee, assembled a Scientific Advisory Committee and convened it's first meeting, produced some prototype materials, convened focus groups to discuss consumer's prescription drug informational needs, conducted physician survey research, appointed expert panels, and produced supplemental material on the treatment of six conditions. In the upcoming project year, we will complete the vetting process for depression, nasal allergies and asthma, reconvene the Scientific and Policy Advisory Committees, and summarize findings for dissemination by the California HealthCare Foundation.

| | |
|-------------------------|---|
| Title | Pediatric Emergency Care Applied Research Network (PECARN) |
| Principal Investigator | Nathan Kuppermann, MD, MPH |
| Grant/Contract Number | MC00001-02/04 |
| Source of Support | HRSA |
| Approved/Proposed Dates | 9/30/01 – 9/29/06 |
| Total Costs | \$2,530,000 |

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

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

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

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

This project concerns development of preliminary economic estimates of the impacts of selected Medi-Cal policy changes in the California state proposed budget for Fiscal Year 2004-2005. The Center will undertake economic estimates of the following Medi-Cal policy options related to (1) realignment or "simplification" of Medi-Cal eligibility standards to CalWorks standards for families and children and to SSI/SSP standards for the aged, blind and disabled in terms of

income, asset and deprivation standards. The estimates will be given in terms of program expenditures, enrollment and utilization by aid category. We will also estimate impacts of (2) changes in Share-of-Cost (SOC) requirements by SOC aid category, (3) co-payments at selected levels, provider/service categories by selected aid category, and (4) changes in selected Medi-Cal service coverage elements (changes in Medi-Cal benefit packages) for mandatory and optional aid categories. The Center will utilize 2003 Medi-Cal data as well as publicly accessible data from the California Department of Health Services (DHS).

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

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

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

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

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

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

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

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

| | |
|-------------------------|--|
| Title | Micro-level Barriers in Accrual to Cancer Clinical Trials |
| Project Leader | Debora Paterniti, PhD |
| Principal Investigator | Primo N. Lara, MD |
| Grant/Contract Number | 01-01560E |
| Source of Support | National Cancer Institute |
| Approved/Proposed Dates | 09/01/03 – 08/31/05 |
| Total Costs | \$218,323 |

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

We conducted three months of intensive observation of recruitment, consent, and participation in early phase trials. These observations were used to validate findings about essential elements to trial accrual, obtained during a pilot study. The observational method involved detailed notes describing processes and persons important to providing information relevant to diagnosis, clinical trials and their alternatives, and trials accrual. Four areas were identified as important thematic components of the accrual process: Presentation of potential subjects, Information about trial and therapies, Identification of criteria for participation, Specification of parameters for the trial, and Administration of therapies and monitoring. Elements key to these thematic components were listed with pictures on a series of cards to be 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.

To date, we have conducted 3 focus groups (CRAs, Family, and Patients) consented Research MDs for interview. Interview consent forms and card sort packets have been sent out to Community MDs in the UC Davis Cancer Center’s general catchment area. Research MDs (n=12), CRAs (n=10), family members (n=6), and patients (n=5) have also completed the card sort task of elements important to trial accrual. Card sort data showed the three most salient processes related to accrual to clinical trials were (patient) discussion with the oncologist, direct referral to the Cancer Center, and explanations of different therapies and available options. The following processes were identified as the least important to the trial accrual in the overall card sort task: access to the internet, information from a cancer organization, and having a sample consent form, and having a record of other patients’ concerns and progress. Discussion with the oncologist was one of the most important factors in accrual to trials. Although all parties discussed the significance of CRAs to trial accrual and retention during interviews, only patients

ranked CRAs as one of the most important elements in accrual process (patients ranked CRAs as the most important element of the process). Access to the internet and general information from Cancer organizations were considered among the least important elements influencing trial accrual. While preliminary, these findings imply that tailored (non-electronic) information is important to potential success of a communication-based intervention.

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

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

The first phase of the study was to understand barriers to timely follow-up in order to develop an intervention to assist women in communication with health professionals about barriers to follow-up. Women 50 years of age and over who had a mammogram requiring follow-up from January through August 2001 at a not-for-profit breast clinic in Houston, Texas were participants in the first phase of the study. Study design included medical record review and focus group interviews. Review of medical record data involved an abstraction form and notes on the process of care and follow-up. Abstracted data were summarized using descriptive statistics, and timely follow-up by patient characteristics was assessed. Medical record data showed White women were twice as likely to adhere to timely follow-up on abnormal mammography as women of other ethnicities (African American, Latina, or other ethnicity status) ($p=.003$). Patient reports of family history of breast cancer were not significantly related to follow-up. A subset of women agreed to focus group interviews and was invited to participate in four group discussions about mammogram follow-up. Prominent themes and coding categories regarding perceived efficacy and follow-up emerged from a systematic iterative review process. Qualitative analysis

suggested women’s perspectives on insurance were inversely related to their perceived self-efficacy and intent to follow-up. Faith played an important role in perceived efficacy related to follow-up in African American and lower-income women and in those women with late follow-up. Perspectives on insurance were important to perceived self-efficacy and follow-up, yet perceived insurance barriers shaped reported self-efficacy differently in White versus non-White women. These findings suggest that tailored information related to insurance barriers and alternatives for timely follow-up are necessary for transmission of information for follow-up on inconclusive or abnormal mammogram.

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

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

The survey comparing Original Medicare and Medicare + Choice plans has been distributed to a random sample of plan enrollees nation-wide. Concomitantly, a qualitative study of participants’ perceptions of health plans and plan organization has been on-going. The pilot study has included four focus group interviews of ethnically diverse (African American, White, and Latino) men and women, ages 65 and over, conducted in English and Spanish. In addition, we are currently completing cognitive interviews, whose responses will be used to interpret survey responses as well as to assist in future design of consumer surveys related to plan interpretation and selection. Preliminary results of qualitative interviews will be presented at the 2004 American Public Health Association Meetings.

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

California's Quality of Care Report Card (http://www.opa.ca.gov/report_card), produced by the Office of the Patient Advocate (OPA), includes performance measures on the quality of California's HMOs and largest medical groups. CHSRPC is conducting a comprehensive evaluation of California's Quality of Care Report Card. The evaluation will assess: 1) Are California health care consumers using the Quality Report Card?, 2) How useful to consumers are the specific quality indicators that are currently included in the Report Card?, and 3) Does the Report Card have an impact on the quality improvement efforts of HMOs and medical groups? Data gathering techniques for the evaluation include consumer focus groups; mail, internet, and telephone surveys; website usage analysis; and interviews with key informants in managed care organizations and provider groups. The evaluation team, which includes Patrick Romano, MD; Sheila Enders, MSW; and Geeta Mahendra, will present its findings to OPA in the fall of 2004.

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

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

- a. Prevention QIs—or ambulatory care sensitive conditions—identify hospital admissions that evidence suggests could have been avoided, at least in part, through high-quality outpatient care. The Prevention module is now available.
- b. Inpatient Quality Indicators reflect quality of care inside hospitals and include:
 - Inpatient mortality for medical conditions
 - Inpatient mortality for procedures

- Utilization of procedures for which there are questions of overuse, underuse, or misuse
 - Volume of procedures for which there is evidence that a higher volume of procedures is associated with lower mortality
- c. Patient Safety Indicators also reflect quality of care inside hospitals, but focus on surgical complications and other iatrogenic events.

Our initial technical report has been released at <http://www.qualityindicators.ahrq.gov>. In the past year, our work has focused on several updates and refinements to these indicators. A draft report has been written by Drs. Rainwater and Romano on the current status of public reporting systems in the U.S, and the potential usefulness of the AHRQ QIs and other related indicators for public reporting on hospital performance.

| | |
|-------------------------|-------------------------|
| Title | INQUIRE |
| Principal Investigator | Patrick Romano, MD, MPH |
| Grant/Contract Number | IR18HS10985A |
| Source of Support | AHRQ |
| Approved/Proposed Dates | 9/30/00 – 8/31/04 |
| Total Costs | \$494,235 |

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

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

In 2002, we developed a new partnership with the Pacific Business Group on Health, which manages the PacAdvantage plan. PacAdvantage, also known as the Health Insurance Plan of California (HIPC), is a nonprofit purchasing pool established in 1992 to offer affordable health

benefits to small employers in California. It currently provides health coverage for about 147,000 members working for about 11,000 small employers statewide. PacAdvantage offers its a wide array of health plan choices and is a good setting for testing the impact of educating and motivating consumers about health plan choice. Beginning in May 2003, when the majority of PacAdvantage members participate in OE, we implemented Phase II, the randomized trial of the intensive quality dissemination. A sample of PacAdvantage members were randomly allocated to one of four intervention subgroups – the “Information Content: Personalized Reports” intervention, the “Education/Motivation: Active Consumer Education” intervention, both, or neither. Only the “Education/Motivation” intervention has been implemented to date. Members assigned to this group received an invitation to call a toll-free number to speak with a Health Plan Quality Advisor at the “Quality Information Education Center”. The advisors are specially trained to “activate” consumers by (1) educating them about quality information and its use, (2) motivating them to use this information to get better health care for themselves and their families, and (3) answering any general questions they may have related to quality of care and health plan/medical group choice. The Quality Information Education Center will continue to operate until the end of July 2003. During the summer and fall 2003, all sampled PacAdvantage members will be sent a Post-Intervention questionnaire to measure the impact of the intervention. Measures of impact include health plan or medical group switching (or contemplation thereof), knowledge of the health care market, satisfaction with current plan and medical group, trust or confidence in the plan and physician, and self-efficacy related to health plan and provider interactions. Our results will help to establish a benchmark for future dissemination efforts by both private and public purchasers.

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

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

Advisory Panel was identified and met in March 2003. Literature reviews have been completed, and the analytic work is now underway in preparation for completion of the draft report in June 2003 and public release in December 2003.

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

CHSRPC is collaborating with the California Department of Health Services, Injury Surveillance and Epidemiology Section, to implement and validate the state's Traumatic Brain Injury (TBI) surveillance system, to validate the state's Child Maltreatment Surveillance program, and to implement a public health surveillance system for sexual violence. These activities are supported by grants from CHSRPC for Disease Control and Prevention. Through this contract, the Division of General Medicine has hired a part-time Assistant Research Epidemiologist (Julie Cross, PhD) to implement the TBI surveillance system (using hospital discharge and vital statistics data) and to manage TBI surveillance data.

CHSRPC is organizing a reabstraction study to validate a random sample of cases from this TBI surveillance system, based on careful review of medical records. We have developed and pilot-tested a reabstraction instrument (and accompanying guidelines) for use with hospital discharge abstracts. In the next year, these tools will be applied and the resulting data will be analyzed to estimate the sensitivity and predictive value of the TBI surveillance system. We plan to develop and pilot a comprehensive data collection instrument for a similar child maltreatment validation study. An additional epidemiologist will be hired to implement the sexual violence surveillance system.

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

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

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

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

The WARfarin Dosing and Communication System (WARFDOCS) is a federally funded project aimed at developing and evaluating tools to eliminate errors and increase effectiveness of warfarin dosing in inpatient settings and during transition to outpatient follow up. Warfarin is a commonly used anticoagulant that is difficult to dose properly and can have serious consequences if errors in dosing are made. The rate of warfarin dosing errors is relatively high, making reducing errors a priority. The project has developed a PDA-based tool to assist in accurately prescribing warfarin in the hospital and to generate anticoagulation discharge summaries to aid the transition to outpatient care. The project is evaluating a protocol in which these tools are used by hospital pharmacists to make recommendations to inpatient physicians during warfarin therapy and to provide inpatient treatment summaries and recommendations to physicians doing outpatient follow up.

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

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

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

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

E. Education and Training Activities

Seminar Series

CHSRPC sponsors a weekly seminar series for all interested faculty, staff and students. The goal of the weekly Seminars is to enhance the intellectual environment for health services research at UC Davis and to help faculty and trainees develop the skills to conduct first-class health services research projects. In addition, CHSRPC hosts quarterly Seminars on the Davis campus. Continuing Medical Education credit is available to practicing physicians; graduate students in Epidemiology can earn 1 unit of course credit for each quarter of regular attendance. Appendix 4 provides titles of the Seminar Series from visiting presenter and UCD faculty and staff presenters for 2003 – 2004.

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 2003 - 2004 can be found in Appendix 5.

Primary Care Outcomes Research Fellowship Program (PCOR)

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

Academic Instruction

CHSRPC faculty have cooperated with the School of Medicine, the Graduate Group in Epidemiology, the Division of Social Sciences, and the Program in Public Health to teach undergraduate and graduate courses in health economics (Leigh), epidemiology (Kravitz, Paterniti, Romano, Hodge), sociology (Paterniti), and health administration (Leigh, Troidl), as well as provide mentoring and serve on dissertation committees. A list of graduate students and undergraduates who have participated as interns or research assistants on CHSRPC projects in 2003 - 2004 is documented in Appendix 8.

F. Publications

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

II. Summary and Future Plans

Planned New Initiatives

State Health Policy Unit

Yali Bair, PhD (Epidemiology), has been recruited to head CHSRPC's new State Health Policy Unit. The State Health Policy Unit will address the following initiatives:

- developing CHSRPC's *capacity* to perform high quality, rapid turn-around, policy-relevant health care research for clients within the California state government;
- increasing CHSRPC's *visibility* within the state government; and
- attracting and maintaining a growing *portfolio* of state-sponsored grants and contracts leading to one or more *long-term agreements*.

To meet these initiatives, Dr. Bair's key responsibilities will include:

- establishing short- and medium-term goals for the Unit by performing an inventory of CHSRPC's current state-related operations, capabilities, and relationships;
- enhancing existing relationships with the California Office of Statewide Health Planning and Development, the Division of Licensing within the Department of Health Services, the Office of the Patient Advocate, and the Department of Managed Care;
- attending meetings of the California Health Benefits Review Program and developing new relationships with other branches within the state government;
- serving as a management and/or analytic resource to ongoing or emerging state projects (e.g. AB394, OPA Report Card Evaluation, Prison Health projects, et cetera); and
- maintaining the vitality of the Unit by developing a role within CHSRPC, including hiring and supervising new staff as needed.

Proposed Future Initiatives

Two sets of new initiatives are proposed. They are 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.

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

Initiative 1: 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.

Dr. Paterniti has recently been appointed the new Associate Director of CHSRPC in addition to maintaining a joint appoint in Sociology and Internal Medicine. In her role as Associate Director, Dr. Paterniti will be charged with identifying campus social science faculty who could contribute to CHSRPC grants and projects, then work to provide them with opportunities for sharing their talents and expertise. As part of this task, she will identify and alleviate bottlenecks, obstacles, and disincentives that currently dissuade campus faculty from participating in collaborative ventures with CHSRPC.

Initiative 2: Start-up packages for new social scientist appointments. Even under the most optimistic assumptions, CHSRPC cannot rely solely upon campus social science departments for support of its applied research mission. Therefore, we are requesting start-up packages for two new PhD adjunct faculty: one trained in health measurement (psychometrics), and the second in clinical economics (particularly cost-effectiveness analysis). These two faculty would play important, cross-cutting roles on multiple R01 and program-project grants. For example, the psychometrician could develop new measures for assessing the effects of health care interventions, consult with SOM and non-SOM faculty about choice of existing measures, and lead projects focusing on substantive issues such as adherence, health status and well being, satisfaction as well as cutting-edge methodologies and scale development. The clinical economist could lead projects looking at the economic outcomes of clinical care, mentor fellows in assessment of economic outcomes, and participate in grant proposals requiring a cost-effectiveness component (constituting perhaps 50% of the grants currently submitted through CHSRPC). Both faculty, no doubt, would play important roles in the UCD Cancer Center, the Center for AIDS Research (CFAR), and the program in vascular biology and medicine.

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

Initiative 1: Hire an adjunct assistant professor in Program Evaluation. Using a mechanism similar to that described for the psychometrician and clinical economist, we propose to recruit a PhD-level scientist trained in applied sociology or health services research to conduct program evaluation. Evaluation research is of increasing importance, as funding agencies in *all* areas require demonstration of outcomes. A highly capable Program Evaluator would not only contribute to research ventures within CHSRPC but also within UCD's Women's Health Center, Center for Healthy Aging, Center for Telemedicine and Technology, and the Office of Medical Education.

Initiative 2: 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, Bell, Paterniti, Callahan, Bertakis, Lara, Jerant, Alcalay, García, and Wilkes. In addition, we have recruited Henry Young, PhD, as a post-graduate fellow supported by an NIMH Minority Supplement. Dianna Cassidy, PhD, directs the Social Marketing in Nutrition Program through the Department of Epidemiology and Preventive Medicine. These faculty are doing cutting-edge work in cancer communication, patient-centered care, social marketing, and media outreach.

The Program could begin as a graduate group or an "emphasis" within the Master's of Public Health Program. The Health Communication Program would provide skills and knowledge necessary for its graduates to assume a range of roles in diverse settings. Students would learn to develop, deliver, and evaluate health promotion and disease prevention programs and campaigns; to disseminate health information; and to develop, formulate and implement health policy initiatives. They would receive training in the application of communication theories, communication research methodology, and the evaluation of communication interventions in medical and public health contexts. Graduates of the program will also develop a comprehensive

understanding of the “medical information environment,” including promotional activities and news stories carried in the print and broadcast media and on the internet.

Faculty affiliated with the program would also assume responsibility for assessing and improving health communication within the UCDHS. For example, faculty could develop and lead in-service communication training for different stakeholders within the system (akin to the Bayer Program, but developed in house).

III. Financial Reporting

After many years of discussion and planning, the Center has successfully transitioned administrative management from the School of Medicine, Department of Internal Medicine, to an Organized Research Unit (ORU) under the Office of Vice Chancellor for Research (OVCR). This transition, deemed critical in sustaining the long-term success of the Center, allows direct management of the Center’s fiscal and personnel resources. This infrastructure will allow the Director to manage the Center’s administrative functions and support multidisciplinary research in a more efficient and cost-effective manner by allowing sponsored research by investigators from varied schools and departments.

In 2003-04, CHSRPC estimated expenditures of \$2,802,369 in research funds and \$241,955 in administrative funds. Twenty-six new proposals were submitted seeking funding of \$20,624,231. At the time of this report, six proposals submitted during the reporting period have been approved for funding, totaling \$9,300,236.

APPENDIX 1

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

| 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 External Advisory Board

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

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

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

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

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

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

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

Jack Rozance, MD
Physician-in-Chief, Kaiser Permanente
2025 Morse Ave
Sacramento, CA 95825
(916) 973-7444
Email: jack.rozance@kp.org

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

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

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

APPENDIX 3

UC Davis Center for Health Services Research in Primary Care Grants Submitted

| Principal Investigator/Project Director | Department | Title of Grant | Submitted To | Date Submitted | Amount Requested | Outcome |
|---|-----------------------------|--|--|----------------|------------------|------------|
| Chew, Helen, MD | Internal Medicine | A phase II feasibility study of a web based breast cancer tutorial | UCD Cancer Center development award | 9/5/2003 | \$29,675 | Pending |
| Rainwater, Julie PhD | General Medicine | Evaluation of the California Quality of Care Report Card | Office of the Patient Advocate | 10/1/2004 | \$148,688 | Funded |
| Kravitz, Richard, MD, MSPH | General/Internal Medicine | Assessing the data availability for a comprehensive analysis of health care cost in the California Department of Corrections | California Department of Corrections | 10/1/2003 | \$82,573 | Not Funded |
| Kravitz, Richard, MD, MSPH | General/Internal Medicine | Effectiveness of tailored education and coaching for cancer pain | National Cancer Institute | 10/1/2003 | \$2,373,095 | Not Funded |
| Su-Ting Li, MD | | Lactobacillus GG and acute diarrhea in children | National Institute of Health, Center for Scientific Review | 10/1/2003 | \$823,929 | Not Funded |
| Joy Melnikow, MD, MPH | Family & Community Medicine | Surveillance strategies following treatment for cervical cancer | National Cancer Institute | 10/1/2003 | \$927,610 | Not Funded |
| Paul Leigh, PhD | Epi and Preventive Medicine | Estimating preliminary expenditure and enrollment impacts by county of selected changes in Medi-cal managed care policy | California Policy Research Center / California Program on Access to Care | 11/26/2003 | \$57,940 | Funded |
| Kravitz, Richard, MD, MSPH | General/Internal Medicine | Pilot evaluation of a breast cancer e-tutorial | California Breast Cancer Research Program | 1/8/2004 | \$100,000 | Not Funded |
| Shagufta, Yasmeen, MD, MRCOG | OBGYN / Internal Medicine | Comorbidities and breast cancer among elderly women | California Breast Cancer Research Program | 1/8/2004 | \$265,663 | Not Funded |
| Rich, Ben, JD, PhD | | Impact of clinic trial information on patient knowledge and attitudes | UC Cancer Research Coordinating Committee | 1/9/2004 | \$49,988 | Not Funded |

| | | | | | | |
|----------------------------|-----------------------------|---|--|------------|-------------|------------|
| Chew, Helen, MD | Pediatrics | Randomized pilot study of a web-based breast cancer tutorial | UCD Health System Research award program | 1/12/2004 | \$74,975 | Funded |
| Kravitz, Richard, MD, MSPH | General/Internal Medicine | Improving Care for Comorbid Physical and Mental Illness / Midcareer Investigator Award in Patient-Oriented Research (K24) | National Institute of Health | 2/2/2004 | \$447,841 | Not Funded |
| Wilkes, Michael | Internal Medicine | Statewide Initiative to Improve End of Life Education | National Institute of Health | 3/1/2004 | \$4,233,162 | Funded |
| Kravitz, Richard, MD, MSPH | General/Internal Medicine | Patient Coaching to Improve Care of Cancer Pain | American Cancer Society | 3/29/2004 | \$2,064,509 | Pending |
| Li, Zhongmin | General Medicine | Office of Statewide Health Planning and Development CABG Outcomes Reporting Project | Research Agreement from the OSHPD | 4/2/2004 | \$820,446 | Funded |
| Kravitz, Richard, MD, MSPH | General/Internal Medicine | Breast Cancer E - Tutorial | Academic Senate's Faculty Research Grant | 4/5/2004 | \$45,919 | Not Funded |
| Li, Su - Ting T. | Pediatrics | Asthma: Translating Guidelines into Practice | NIH | 4/12/2004 | \$298,805 | Not Funded |
| Wilkes, Michael | Internal Medicine | Strategic Alliance for Event Reporting (SAFER II) | Constrotium w/ UCLA | 4/15/2004 | \$143,124 | Pending |
| Yasmeen, Shagufta | Internal Medicine | Community Health Planning Projects through Shifa Community Clinic | The California Endowment | 5/1/2004 | \$63,535 | Pending |
| Wilkes, Michael | Internal Medicine | Interventions to Improve Shared Decision Making: Prostate Cancer Screening | CDC | 05/10/2004 | \$2,594,630 | Pending |
| Yellowlees, Peter | Psychiatry | E-Health Portal for Improving Diabetes care | RWJ Foundation | 5/27/2004 | \$400,000 | Not Funded |
| Romano, Patrick | Internal Medicine | National Quality Forum | | | \$40,000 | Funded |
| Wilkes, Michael | Internal Medicine | Consortium of Student-Run Clinics | California Wellness Foundation | 6/22/2004 | \$150,000 | Pending |
| Srinivasan, Malathi | Internal Medicine | Faculty Scholars Program | RJW Foundations | 5/10/2004 | \$4,000,000 | Funded |
| Wilkes, Michael | Internal Medicine | SAFER II | NIH | 5/18/2004 | \$143,124 | Pending |
| Jerant, Anthony | Family & Community Medicine | RCT of a Tailored CD to Reduce CRC Screening Disparities | NIH | 6/1/2004 | \$275,000 | Pending |

APPENDIX 4

UC Davis Center for Health Services Research in Primary Care Seminar Series

Visiting Presenters

| Presenter | Company Represented | Presentation | Date |
|---------------------------|---|---|----------|
| John Kurata, MD | California Department of Health Services | Chronic Disease Epidemiology in California: Examples from the Alameda County Study and the California Health Interview Survey | 01/13/04 |
| Tom Lang | Independent Contractor | Statistical Errors even YOU can find | 01/29/04 |
| Matthew Kreuter, PhD, MPH | Saint Louis University Health Communication Research Laboratory | Tailored health communication: Evidence for effectiveness and applications in health behavior change | 03/16/04 |
| Robin DiMatteo, PhD | UC, Riverside | Assessing and Promoting Patient Adherence: Some Lessons from Fifty Years of Research | 03/18/04 |
| Anthony Linares, MD | Lumetra | DOQIT: Physician's Office EHR Implementation | 05/20/04 |
| Seleda Williams, MD | California Department of Health Services | Integrating Public Health & Obesity Prevention in Health Care: State Health Department Perspective | 06/10/04 |
| Clint Collins, MD | Catholic Healthcare West | Workers Comp Reform | 06/17/04 |

UCD Faculty and Staff Presenters

| Presenter | Department Represented | Presentation | Date |
|---------------------------|--------------------------------------|---|----------|
| Paul Leigh, PhD | CHSR/PC | Instrumental variables technique: Cigarette price provided better estimate of the effects of smoking on physical functional status. | 09/11/03 |
| Zhongmin Li, PhD | General Medicine | Racial/Ethnic Disparities in Hospital Admission Rates for Selected Conditions: Observed vs. Disease Prevalence Adjusted | 09/18/03 |
| Tonya Fancher, MD | PCOR Fellow | Disparities in Total Knee Replacement: PCOR Fellowship Research Proposal | 09/25/03 |
| Peter Franks, MD | Family and Community Medicine | Patient centered care, visit length, and health care costs. | 10/02/03 |
| Su-Ting Li, MD | Pediatrics | Lactobacillus and Acute Diarrhea in Children | 10/09/03 |
| Jimin Ding, PhD Candidate | Biostatistics | Joint Modeling of Survival and Longitudinal Data | 10/16/03 |
| Steve McCurdy, MD | Epidemiology and Preventive Medicine | "Agricultural Injuries in Rural High School Students" | 10/23/03 |

| | | | |
|---|---|---|----------|
| Drew Halfmann, PhD | Sociology | "Historical Priorities and the Responses of Doctors' Associations to Abortion Reform Proposals in Britain and the United States, 1960-73" | 10/30/03 |
| Donal Walsh, PhD | Department of Veterinary Medicine | "A Tale of Two Cities": Some comparisons between veterinary and medical clinical education. | 11/06/03 |
| Deborah Diercks, MD | Emergency Medicine | Cost effective analysis of the evaluation and treatment of congestive heart failure in an observation unit setting | 11/13/03 |
| Richard Kravitz, MD, MSPH & Anthony Jerant, MD | CHSRPC / Family and Community Medicine | Use of Electronic Media to Educate Physicians and Motivate Patients: A Research Agenda | 11/20/03 |
| Gang Sun, PhD | Textiles & Clothing | Rechargeable Biocidal Textiles and Their Applications in Health Care Facilities | 12/04/03 |
| Joy Melnikow, MD, MPH & Christina Kuenneth, MPH | CHSR/PC | Cost-Effectiveness Analysis of Tamoxifen for Breast Cancer Risk Reduction: What Do We Value? | 12/18/03 |
| Jiming Jiang, PhD | Statistics | Some new procedures for analysis of longitudinal data | 01/15/04 |
| Koen Van Rompay, PhD, DVM | UCD Veterinary Medicine | Fighting the HIV pandemic in developing countries: how to make a difference at grassroot level | 01/22/04 |
| Paul Leigh, Ph.D. | CHSR/C and Epidemiology | Government Under-count of Occupational Injury: Implications for Workers' Compensation | 02/05/04 |
| Peter Yellowlees | Psychiatry | eHealth systems and research in primary care | 03/04/04 |
| Joy Melnikow, MD, MPH and Janet Keyzer, RN, MPA | Family & Community Medicine and CHSRPPC | Recruitment strategies for minority participation: challenges and costs. Lessons from the POWER Interview | 03/25/04 |
| Deborah Paterniti, PhD | CHSR/PC and Sociology | Qualitative Methods in Health Services Research | 04/05/04 |
| Anthony Jerant, MD | Family & Community Medicine | Developing and evaluating an expanded model of palliative care in the elderly | 04/15/04 |
| Craig Keenan, MD and Patrick Romano, MD MPH | General Internal Medicine | Quality Measurement for Ambulatory Care of Adults in America: A Presentation to the National Quality Forum" | 04/22/04 |
| Quilu Yu, PhD Candidate | Statistics | Modeling cognitive decline and pathology change- Processes partially observed in studies of aging and Alzheimer's disease | 04/29/04 |

| | | | |
|---------------------|--|---|----------|
| Peter Franks, MD | Family & Community Medicine and CHSRPPC | Does Physician Interpersonal Style Affect Patient Care and Outcomes?: New Insights Using Multilevel Analysis | 05/06/04 |
| Amy Block Joy, PhD | Nutrition | Improving the Health of Low-Income High-Risk Audiences: Opportunities for Multi-Disciplinary Research | 05/13/04 |
| Dan Mungas, PhD | Neurology | Item response theory approaches to health outcome measures | 05/27/04 |
| Bruce Leistikow, MD | Public Health Sciences | California, US, and Global Cancer Death Epidemics: Courses, Causes, and Cures | 06/03/04 |

APPENDIX 5

UC Davis Center for Health Services Research in Primary Care Journal Club

| Date | Journal Article and Title | Presenter |
|-------------|---|-----------------------|
| 09/18/03 | Do static and dynamic measures of frailty predict decline in a performance-based and self-reported measure of physical functioning? | Peter Franks, MD |
| 10/02/03 | Ability of Exercise Testing to Predict Cardiovascular and All-Cause Death Among Asymptomatic Women: A 20-Year Follow-Up of the Lipid Research Clinics Prevalence Study. <i>JAMA</i> 2003 209;12 | Shagufta Yasmeen, MD |
| 10/16/03 | Discrimination and Unfair Treatment: Relationship to Cardiovascular Reactivity Among African American and European American Women. <i>Health Psychology</i> . 20:5; 315-325. | Elaine Waetjen, MD |
| 10/30/03 | Continuity of Primary Care: To Whom Does it Matter and When? <i>Ann Fam Med</i> . 1;3: 149-155 | Ronald Fong, MD |
| 11/13/03 | Relation Between dieting and Weight Change Among Preadolescents and Adolescents. <i>Pediatrics</i> Vol. 112 No. 4, October 2003. | Kristen J. MacLeod MD |
| 12/04/03 | Seeking Help from the Internet During Adolescence. <i>J. AM. Acad. Child Adolesc. Psychiatry</i> . 2002: 41;(10), 1182-1189 | Zoey Goore , MD |
| 12/18/03 | Introduction to health economics for physicians. <i>Health Economics Quintet</i> . 2001;358 (9286), 993-998 | Paul Leigh, PhD |
| 01/15/04 | Use of the Pediatric Symptom Checklist in a Low-Income Mexican American Population <i>Arch Pediatr Adolesc Med</i> 157 December 2003 | Kristen MacLeod, MD |
| 01/29/04 | National Use of Postmenopausal Hormone Therapy: Annual Trends and Response to Recent Evidence. <i>JAMA</i> . 2004;291:47-53. | Shagufta Yasmeen, MD |
| 02/12/04 | Comparison of three methods for estimating rates of adverse events and rates of preventable adverse events in acute care hospitals. <i>BMJ</i> 2004; 328: 199 | James Marcin, MD |
| 02/26/04 | Indirect vs. Direct Hospital Quality Indicators for Very Low-Birth-Weight Infants <i>JAMA</i> 2004; 291:2 | James Marcin, MD |
| 03/25/04 | A scoring system for bruise patterns: A tool for identifying abuse <i>Arch Dis Child</i> 2002;86: 330-333 | Kristi MacLeod, MD |
| 04/08/04 | Managing depression as a chronic disease: a randomized trial of on going treatment in primary care. <i>BMJ</i> . 2002;325 | Jonathan Neufeld, PhD |
| 04/22/04 | Volume of Activity and Occupancy Rate in Intensive Care Units. <i>Intensive Care Med</i> . 2004;30:290-297 | James Marcin, MD |

| | | |
|----------|--|----------------------|
| 05/06/04 | <p>1. The Risk of a Diagnosis of Cancer After Primary Deep Venous Thrombosis or Pulmonary Embolism. NE Journ Med. 1998;338:17 1169-1173</p> <p>2. Importance of Findings on the Initial Evaluation for Cancer in Patients with Symptomatic Idiopathic Deep Venous Thrombosis J. Cornuz, MD et al. 1996;125:10 785-793</p> | Richard White, MD |
| 05/20/04 | US Health Care Spending in an International Context Health Affaris. May/June 2004 | Paul Leigh, PhD |
| 06/03/04 | <p>1. The Effects of Low-Carbohydrate versus Conventional Weight Loss Diets in Severely Obese Adults: One-Year Follow-up of a Randomized Trial. Ann Intern Med. 2004;140:10 778-786</p> <p>2. A Low-Carbohydrate, Ketogenic Diet versus a Low-Fat Diet To Treat Obesity and Hyperlipidemia: A Randomized, Controlled Trial Ann Intern Med. 2004;140:769-777.</p> | Shagufta Yasmeen, MD |
| 06/17/04 | Lip-Lowering Therapy and In-Hospital Mortality Following Major Noncardiac Surgery JAMA 2004;291:17 2091-2099 | Michael Richards, MD |

APPENDIX 6

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

| Name | Affiliated Department | Research Interest | Year of Matriculation |
|----------------------|-------------------------------|---|------------------------------|
| Tonya Fancher, MD | General Medicine | Physician decision making in health disparities | 2002 |
| Michael Richards, MD | General Medicine | Geriatrics health services | 2003 |
| Ronald Fong, MD | Family and Community Medicine | Clinical epidemiology | 2003 |
| Kristin MacLeod, MD | Pediatrics | Child abuse | 2003 |

APPENDIX 7

UC Davis Center for Health Services Research in Primary Care PCOR Seminar Series

| Presenter | Department | Presentation | Date |
|-------------------------|--------------------------------------|--|-------------|
| Patrick Romano, MD MPH | General Medicine | Ethics of research: Ownership of data and data sharing | 10/9/2003 |
| Debora Paterniti, PhD | CHSR/PC | Practical aspects of collecting qualitative data ; Practical aspects of analyzing qualitative data | 10/23/2003 |
| Peter Franks, MD | Family & Community Medicine | National databases available for health services research | 11/6/2003 |
| Laurel Beckett, PhD | Epidemiology & Preventative Medicine | How to choose the right statistical test for your data | 11/13/2003 |
| Adela de la Torre, PhD | Chicano Studies | Conducting health research among Latino populations | 11/20/2003 |
| Judith Welsh, Librarian | UC Davis Library | Using citation management software | 12/11/2003 |

APPENDIX 8

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

Graduate Students

| Student | Project worked on |
|--------------------|---|
| Banafsheh Sadeghi | INQUIRE and AHRQ Support for Quality Indicators |
| Madan Dharmar | OPA Project |
| Chamika Hawkins | INQUIRE |
| Michael Richards | Pacific Business Group on Health evaluation of consumer information |
| Rabindra Watson | NQF Overview of Ambulatory Care Quality Indicators |
| Mohsen Malekinejad | NQF Overview of Ambulatory Care Quality Indicators |
| Bernette Tsai | NQF Overview of Ambulatory Care Quality Indicators |

Undergraduate Students

| | |
|------------------|---|
| Emma Calvert | The Epidemiology of Autism in California |
| Sheila Krishnan | Social Influences on Practice |
| Jason Mudrock | Social Influences on Practice |
| Tiffany Lee | ELSI |
| Jason Simone | INQUIRE |
| Leslie Lane | WARFDOCS |
| Shirley Brenton | Breast Cancer Discussions on the Internet |
| Lauren Whittam | Social Influence On Practice (Field Notes) |
| Nora Horan | Physician Patient Negotiation |
| Michelle Vollmer | Quality of Life and Knee Replacement |
| Ryan Fuller | Childhood Head Trauma: A Neuroimaging Decision Rule Study |
| Anna Gluschenko | Childhood Head Trauma: A Neuroimaging Decision Rule Study |
| Eleanore Martin | Childhood Head Trauma: A Neuroimaging Decision Rule Study |
| Marie Bowling | Childhood Head Trauma: A Neuroimaging Decision Rule Study |
| Maggie Lawless | Childhood Head Trauma: A Neuroimaging Decision Rule Study |

| | |
|-----------------|--|
| Javier Luna | HIV/Substance Abuse Prevention |
| Catrina Virata* | HIV/Substance Abuse Prevention |
| Thuan Ho* | HIV/Substance Abuse Prevention |
| Brandon Valine | HIV/Substance Abuse Prevention (non-UCD) |
| Jessie Rubin | HIV/Substance Abuse Prevention (non-UCD) |
| Amy Shontz | Quality of Care and Medication Errors Among Pediatric Patients Presenting to Rural Emergency Departments |

* Volunteers

APPENDIX 9

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

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

- 2003 Muller HG, Abramson I, Azari R. Nonparametric regression to the mean. Proc Natl Acad Sci U S A. 2003 Aug 19;100(17):9715-20.
- 2003 Harvey DJ, Beckett LA, Mungas DM. Multivariate modeling of two associated cognitive outcomes in a longitudinal study. J Alzheimers Dis. 2003 Oct;5(5):357-65.
- 2003 Bienias JL, Beckett LA, Bennett DA, Wilson RS, Evans DA. Design of the Chicago Health and Aging Project (CHAP). J Alzheimers Dis. 2003 Oct;5(5):349-55.
- 2003 Franks P, Fiscella K, Beckett L, Zwanziger J, Mooney C, Gorthy S. Effects of patient and physician practice socioeconomic status on the health care of privately insured managed care patients. Med Care. 2003 Jul;41(7):842-52.
- 2003 Wilson RS, Beckett LA, Bienias JL, Evans DA, Bennett DA. Terminal decline in cognitive function. Neurology. 2003 Jun 10;60(11):1782-7.
- 2003 Evans DA, Bennett DA, Wilson RS, Bienias JL, Morris MC, Scherr PA, Hebert LE, Aggarwal N, Beckett LA, Joglekar R, Berry-Kravis E, Schneider J. Incidence of Alzheimer disease in a biracial urban community: relation to apolipoprotein E allele status. Arch Neurol. 2003 Feb;60(2):185-9.
- 2003 Franks P, Cameron C, Bertakis KD. On being new to an insurance plan: health care use associated with the first years in a health insurance plan. Ann Fam Med. 2003 Sep-Oct;1(3):156-61.
- 2003 Gilbert WM, Hicks SM, Boe NM, Danielsen B. Vaginal versus cesarean delivery for breech presentation in California: a population-based study. Obstet Gynecol. 2003 Nov;102(5 Pt 1):911-7.
- 2003 Gilbert WM, Danielsen B. Pregnancy outcomes associated with intrauterine growth restriction. Am J Obstet Gynecol. 2003 Jun;188(6):1596-9; discussion 1599-601.
- 2003 Gilbert WM, Fado DE, Bills DJ, Morrison FK, Sherman MP. Teaching malpractice litigation in a mock trial setting: a center for perinatal medicine and law. Obstet Gynecol. 2003 Mar;101(3):589-93.
- 2003 Bourgeois JA, Hilty DM, Klein SC, Koike AK, Servis ME, Hales RE. Expansion of the consultation-liaison psychiatry paradigm at a university medical center: integration of diversified clinical and funding models. Gen Hosp Psychiatry. 2003 Jul-Aug;25(4):262-8.
- 2003 Jerant AF, Azari R, Martinez C, Nesbitt TS. A randomized trial of telenursing to reduce hospitalization for heart failure: patient-centered outcomes and nursing indicators. Home Health Care Serv Q. 2003;22(1):1-20.

- 2003 Jerant AF, Matian AD, Lasslo RG. Increases in resident and faculty computing skills between 1998 and 2001. *Fam Med*. 2003 Mar;35(3):202-8.
- 2003 Kravitz RL, Leigh JP, Samuels SJ, Schembri M, Gilbert WM. Tracking career satisfaction and perceptions of quality among US obstetricians and gynecologists. *Obstet Gynecol*. 2003 Sep;102(3):463-70.
- 2003 Mintzes B, Barer ML, Kravitz RL, Bassett K, Lexchin J, Kazanjian A, Evans RG, Pan R, Marion SA. How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care environments with and without legal DTCA. *CMAJ*. 2003 Sep 2;169(5):405-12.
- 2003 Kravitz RL, Bell RA, Azari R, Kelly-Reif S, Krupat E, Thom DH. Direct observation of requests for clinical services in office practice: what do patients want and do they get it? *Arch Intern Med*. 2003 Jul 28;163(14):1673-81.
- 2003 Garcia JA, Paterniti DA, Romano PS, Kravitz RL. Patient preferences for physician characteristics in university-based primary care clinics. *Ethn Dis*. 2003 Spring;13(2):259-67.
- 2003 Kravitz RL, Krackhardt D, Melnikow J, Franz CE, Gilbert W, Zach A, Paterniti DA, Romano PS. Networked for Change? Identifying Obstetric Opinion Leaders and Assessing Their Opinions on Cesarean Delivery. *Social Science and Medicine* 57:2423-2434.
- 2003 Palchak MJ, Holmes JF, Vance CW, Gelber RE, Schauer BA, Harrison MJ, Willis-Shore J, Wootton-Gorges SL, Derlet RW, Kuppermann N. A decision rule for identifying children at low risk for brain injuries after blunt head trauma. *Ann Emerg Med*. 2003 Oct;42(4):492-506.
- 2003 Bair AE, Laurin EG, Karchin A, Richards JR, Kuppermann N. Cricoid ring integrity: implications for cricothyrotomy. *Ann Emerg Med*. 2003 Mar;41(3):331-7.
- 2003 Loewy EH, Fitzgerald F. Principalism at the bed-side. *Wien Klin Wochenschr*. 2003 Nov 28;115(21-22):797-802.
- 2003 Loewy EH. Education, practice and bioethics: growing barriers to ethical practice. *Health Care Anal*. 2003 Jun;11(2):171-9.
- 2003 Marcin JP, Pretzlaff RK, Whittaker HL, Kon AA. Evaluation of race and ethnicity on alcohol and drug testing of adolescents admitted with trauma. *Acad Emerg Med*. 2003 Nov;10(11):1253-9.
- 2003 Marcin JP, Schembri MS, He J, Romano PS. A population-based analysis of socioeconomic status and insurance status and their relationship with pediatric trauma hospitalization and mortality rates. *Am J Public Health*. 2003 Mar;93(3):461-6.
- 2003 Slonim AD, Marcin JP, Pollack MM. Long-stay patients: are there any long-term solutions? *Crit Care Med*. 2003 Jan;31(1):313-4.
- 2003 Birch S, Melnikow J, Kuppermann M. Conservative versus aggressive follow up of mildly abnormal Pap smears: testing for process utility. *Health Econ*. 2003 Oct;12(10):879-84.

- 2003 Lara PN Jr, Quinn DI, Margolin K, Meyers FJ, Longmate J, Frankel P, Mack PC, Turrell C, Valk P, Rao J, Buckley P, Wun T, Gosselin R, Galvin I, Gumerlock PH, Lenz HJ, Doroshow JH, Gandara DR; California Cancer Consortium. SU5416 plus interferon alpha in advanced renal cell carcinoma: a phase II California Cancer Consortium Study with biological and imaging correlates of angiogenesis inhibition. *Clin Cancer Res*. 2003 Oct 15;9(13):4772-81.
- 2003 Martel CL, Gumerlock PH, Meyers FJ, Lara PN. Current strategies in the management of hormone refractory prostate cancer. *Cancer Treat Rev*. 2003 Jun;29(3):171-87.
- 2003 Nesbitt TS, Hixon A, Tanji JL, Scherger JE, Abbott D. Risk management in obstetric care for family physicians: results of a 10-year project. *J Am Board Fam Pract*. 2003 Nov-Dec;16(6):471-7.
- 2003 Gilbert WM, Nesbitt TS, Danielsen B. The cost of prematurity: quantification by gestational age and birth weight. *Obstet Gynecol*. 2003 Sep;102(3):488-92.
- 2003 García JA, Paterniti DA, Romano PS, Kravitz RL. Patient Preferences for Physician Characteristics and the Quality of Patient Care in University-based Primary Care Clinics. *Ethnicity and Disease* 13(Spring):259-267.
- 2003 Ashton CM, Haidet PM, Paterniti DA, Collins TC, Gordon HS, O'Malley K, Petersen LA, Sharf B, Suarez-Almazor M, Wray NP, Street RL. Racial And Ethnic Disparities In Health Care: Doctors' Biases, Patients' Preferences, or Poor Communication? *Journal of General Internal Medicine* 18(2):146-152.
- 2003 Haidet P, Paterniti DA. 'Building' a History Rather than 'Taking' One: A Perspective on Information-Sharing During the Medical Interview. *Archives of Internal Medicine* 163:1134-1140.
- 2003 Raingruber B, Ritter V. Intensity and challenge as an aspect of work satisfaction in an urban emergency room. *Nurs Leadersh Forum*. 2003 Winter;8(2):58-63.
- 2003 Raingruber B. Gaps in service in the recognition and treatment of depression and suicidal ideation within a four-county area. *Perspect Psychiatr Care*. 2003 Oct-Dec;39(4):151-62.
- 2003 Raingruber B. Nurture: the fundamental significance of relationship as a paradigm for mental health nursing. *Perspect Psychiatr Care*. 2003 Jul-Sep;39(3):104-12, 132-5.
- 2003 Raingruber B. Video-cued narrative reflection: a research approach for articulating tacit, relational, and embodied understandings. *Qual Health Res*. 2003 Oct;13(8):1155-69.
- 2003 Raingruber B. Integrating aesthetics into advanced practice mental health nursing: commercial film as a suggested modality. *Issues Ment Health Nurs*. 2003 Jul-Aug;24(5):467-95.
- 2003 Raingruber B, Kent M. Attending to embodied responses: a way to identify practice-based and human meanings associated with secondary trauma. *Qual Health Res*. 2003 Apr;13(4):449-68.
- 2003 Rich BA. A placebo for the pain: a medico-legal case analysis. *Pain Med*. 2003 Dec;4(4):366-72.
- 2003 Rich BA. Oregon v. Ashcroft: the battle over the soul of medicine. *Camb Q Healthc Ethics*. 2003 Summer;12(3):310-21.

- 2003 Rich BA. Medico-legal commentary. *Pain Med*. 2003 Jun;4(2):202-5.
- 2003 Rainwater JA, Romano PS. What data do California HMOs use to select hospitals for contracting? *Am J Manag Care*. 2003 Aug;9(8):553-61.
- 2003 Yasmeen S, Romano PS, Pettinger M, Chlebowski RT, Robbins JA, Lane DS, Hendrix SL. Re: Short-interval follow-up mammography: are we doing the right thing? *J Natl Cancer Inst*. 2003 Aug 6;95(15):1175-6.
- 2003 McCurdy SA, Samuels SJ, Carroll DJ, Beaumont JJ, Morrin LA. Agricultural injury in California migrant Hispanic farm workers. *Am J Ind Med*. 2003 Sep;44(3):225-35.
- 2003 Wu JD, Nieuwenhuijsen MJ, Samuels SJ, Lee K, Schenker MB. Identification of agricultural tasks important to cumulative exposures to inhalable and respirable dust in California. *AIHA J (Fairfax, Va)*. 2003 Nov-Dec;64(6):830-6.
- 2003 Styne DM. The regulation of pubertal growth. *Horm Res*. 2003;60(Suppl 1):22-6. Review.
- 2003 Styne DM. A plea for prevention. *Am J Clin Nutr*. 2003 Aug;78(2):199-200.
- 2003 White RH, Zhou H, Romano PS. Incidence of symptomatic venous thromboembolism after different elective or urgent surgical procedures. *Thromb Haemost*. 2003 Sep;90(3):446-55.
- 2003 Dager WE, White RH. Argatroban for heparin-induced thrombocytopenia in hepato-renal failure and CVVHD. *Ann Pharmacother*. 2003 Sep;37(9):1232-6.
- 2003 Wilkes M. Hormone surge. *Med Educ*. 2003 Aug;37(8):674-5.
- 2003 Victorino GP, Battistella FD, Wisner DH. Does tachycardia correlate with hypotension after trauma? *J Am Coll Surg*. 2003 May;196(5):679-84.
- 2003 Rocke DM, Durbin B, Wilson M, Kahn HD. Modeling uncertainty in the measurement of low-level analytes in environmental analysis. *Ecotoxicol Environ Saf*. 2003 Sep;56(1):78-92.
- 2003 Purohit PV, Rocke DM. Discriminant models for high-throughput proteomics mass spectrometer data. *Proteomics*. 2003 Sep;3(9):1699-703.
- 2003 Ibrahim T, O'Connell JB, LaRusso NF, Meyers FJ, Crist TB. Centers, Institutes, and the future of clinical departments: part I. *Am J Med*. 2003 Sep;115(4):337-41.
- 2003 Gilbert WM, Nesbitt TS, Danielsen B. The cost of prematurity: quantification by gestational age and birth weight. *Obstet Gynecol*. 2003 Sep;102(3):488-92.
- 2003 Durbin B, Rocke DM. Estimation of transformation parameters for microarray data. *Bioinformatics*. 2003 Jul 22;19(11):1360-7.
- 2003 Butani L, West DC, Taylor DS. End-stage renal disease after high-dose carboplatinum in preparation of autologous stem cell transplantation. *Pediatr Transplant*. 2003 Oct;7(5):408-12.

- 2003 Caruso JA, Klaue B, Michalke B, Roche DM. Group assessment: elemental speciation. *Ecotoxicol Environ Saf*. 2003 Sep;56(1):32-44.
- 2003 Chantry CJ, Byrd RS, Englund JA, Baker CJ, McKinney RE Jr; Pediatric AIDS Clinical Trials Group Protocol 152 Study Team. Growth, survival and viral load in symptomatic childhood human immunodeficiency virus infection. *Pediatr Infect Dis J*. 2003 Dec;22(12):1033-9.
- 2003 Crist TB, LaRusso NF, Meyers FJ, Clayton CP, Ibrahim T; Association of Professors of Medicine. Centers, institutes, and the future of clinical departments: Part II. *Am J Med*. 2003 Dec 15;115(9):745-7. No abstract available.
- 2003 Dager WE, White RH. Low-molecular-weight heparin-induced thrombocytopenia in a child. *Ann Pharmacother*. 2004 Feb;38(2):247-50. Epub 2003 Dec 23.
- 2003 Dager WE, White RH. Argatroban for heparin-induced thrombocytopenia in hepato-renal failure and CVVHD. *Ann Pharmacother*. 2003 Sep;37(9):1232-6.
- 2003 Fiscella K, Franks P, Doescher MP, Saver BG. Do HMOs affect educational disparities in health care? *Ann Fam Med*. 2003 Jul-Aug;1(2):90-6.
- 2003 Franks P, Lubetkin EI, Gold MR, Tancredi DJ. Mapping the SF-12 to preference-based instruments: convergent validity in a low-income, minority population. *Med Care*. 2003 Nov;41(11):1277-83.
- 2003 Geller SC, Gregg JP, Hagerman P, Roche DM. Transformation and normalization of oligonucleotide microarray data. *Bioinformatics*. 2003 Sep 22;19(14):1817-23.
- 2003 Kravitz RL, Krackhardt D, Melnikow J, Franz CE, Gilbert WM, Zach A, Paterniti DA, Romano PS. Networked for change? Identifying obstetric opinion leaders and assessing their opinions on caesarean delivery. *Soc Sci Med*. 2003 Dec;57(12):2423-34.
- 2003 Sawaya GF, McConnell KJ, Kulasingam SL, Lawson HW, Kerlikowske K, Melnikow J, Lee NC, Gildengorin G, Myers ER, Washington AE. Risk of cervical cancer associated with extending the interval between cervical-cancer screenings. *N Engl J Med*. 2003 Oct 16;349(16):1501-9.
- 2003 Slavin SJ, Wilkes MS, Usatine RP, Hoffman JR. Curricular reform of the 4th year of medical school: the colleges model. *Teach Learn Med*. 2003 Summer;15(3):186-93.
- 2003 Susitaival P, Kirk JH, Schenker MB. Atopic symptoms among California veterinarians. *Am J Ind Med*. 2003 Aug;44(2):166-71.
- 2003 West DC, Romano PS, Azari R, Rudominer A, Holman M, Sandhu S. Impact of environmental tobacco smoke on children with sickle cell disease. *Arch Pediatr Adolesc Med*. 2003 Dec;157(12):1197-201.
- 2003 White RH, Zhou H, Romano PS. Incidence of symptomatic venous thromboembolism after different elective or urgent surgical procedures. *Thromb Haemost*. 2003 Sep;90(3):446-55.

- 2003 Wild CA, Wang SE, Gandara DR, Lara PN Jr, Meyers FJ, Tanaka M Jr, Houston J, Lauder J, La DH. Population-based maximum tolerated dose of irinotecan and carboplatin. *Oncology (Huntingt)*. 2003 Jul;17
- 2004 Arias Y, Taylor DS, Marcin JP. Association between evening admissions and higher mortality rates in the pediatric intensive care unit. *Pediatrics*. 2004 Jun;113(6):e530-4.
- 2004 Bertakis KD, Azari R, Callahan EJ. Patient pain in primary care: factors that influence physician diagnosis. *Ann Fam Med*. 2004 May-Jun;2(3):224-30.
- 2004 de la Torre A, Hernandez-Rodriguez C, Garcia L. Cost analysis in telemedicine: empirical evidence from sites in Arizona. *J Rural Health*. 2004 Summer;20(3):253-7.
- 2004 Durbin BP, Rocke DM. Variance-stabilizing transformations for two-color microarrays. *Bioinformatics*. 2004 Mar 22;20(5):660-7. Epub 2004 Jan 22.
- 2004 El-Kady D, Gilbert WM, Anderson J, Danielsen B, Towner D, Smith LH. Trauma during pregnancy: an analysis of maternal and fetal outcomes in a large population. *Am J Obstet Gynecol*. 2004 Jun;190(6):1661-8.
- 2004 Farran CJ, Loukissa DA, Lindeman DA, McCann JJ, Bienias JL. Caring for self while caring for others: the two-track life of coping with Alzheimer's disease. *J Gerontol Nurs*. 2004 May;30(5):38-46.
- 2004 Gilbert HC, Rich BA, Fine P. Quality of care, teaching responsibilities, and patients' preferences. *Pain Med*. 2004 Jun;5(2):206-11.
- 2004 Holmes JF, Palchak MJ, Conklin MJ, Kuppermann N. Do children require hospitalization after immediate posttraumatic seizures? *Ann Emerg Med*. 2004 Jun;43(6):706-10.
- 2004 Holmes JF, Offerman SR, Chang CH, Randel BE, Hahn DD, Frankovsky MJ, Wisner DH. Performance of helical computed tomography without oral contrast for the detection of gastrointestinal injuries. *Ann Emerg Med*. 2004 Jan;43(1):120-8. Review.
- 2004 Kaysen GA, Muller HG, Young BS, Leng X, Chertow GM. The influence of patient- and facility-specific factors on nutritional status and survival in hemodialysis. *J Ren Nutr*. 2004 Apr;14(2):72-81.
- 2004 Kowalski J, Drake C, Schwartz RH, Powell J. Non-parametric, hypothesis-based analysis of microarrays for comparison of several phenotypes. *Bioinformatics*. 2004 Feb 12;20(3):364-73.
- 2004 Levine DA, Platt SL, Dayan PS, Macias CG, Zorc JJ, Krief W, Schor J, Bank D, Fefferman N, Shaw KN, Kuppermann N; Multicenter RSV-SBI Study Group of the Pediatric Emergency Medicine Collaborative Research Committee of the American Academy of Pediatrics. Risk of serious bacterial infection in young febrile infants with respiratory syncytial virus infections. *Pediatrics*. 2004 Jun;113(6):1728-34.
- 2004 Marcin JP, Schepps DE, Page KA, Struve SN, Nagrampa E, Dimand RJ. The use of telemedicine to provide pediatric critical care consultations to pediatric trauma patients admitted to a remote trauma intensive care unit: a preliminary report. *Pediatr Crit Care Med*. 2004 May;5(3):251-6.

- 2004 Marshall MN, Romano PS, Davies HT. How do we maximize the impact of the public reporting of quality of care? *Int J Qual Health Care*. 2004 Apr;16 Suppl 1:i57-63.
- 2004 McCann JJ, Gilley DW, Bienias JL, Beckett LA, Evans DA. Temporal patterns of negative and positive behavior among nursing home residents with Alzheimer's disease. *Psychol Aging*. 2004 Jun;19(2):336-45.
- 2004 McCurdy SA, Farrar JA, Beaumont JJ, Samuels SJ, Green RS, Scott LC, Schenker MB. Nonfatal occupational injury among California farm operators. *J Agric Saf Health*. 2004 May;10(2):103-19.
- 2004 Palchak MJ, Holmes JF, Vance CW, Gelber RE, Schauer BA, Harrison MJ, Willis-Shore J, Wootton-Gorges SL, Derlet RW, Kuppermann N. Does an isolated history of loss of consciousness or amnesia predict brain injuries in children after blunt head trauma? *Pediatrics*. 2004 Jun;113(6):e507-13.
- 2004 Purohit PV, Roche DM, Viant MR, Woodruff DL. Discrimination models using variance-stabilizing transformation of metabolomic NMR data. *OMICS*. 2004 Summer;8(2):118-30.
- 2004 Raingruber B. Freshman seminars. Do they help pre-nursing students adjust to college life? *Nurs Leadersh Forum*. 2004 Spring;8(3):101-6.
- 2004 Raingruber B. Using poetry to discover and share significant meanings in child and adolescent mental health nursing. *J Child Adolesc Psychiatr Nurs*. 2004 Jan-Mar;17(1):13-20.
- 2004 Rich BA. Opinion #2: Ben A. Rich, JD, PhD. *Pain Med*. 2004 Jun;5(2):207-9.
- 2004 Robbins JA, Schott AM, Garner P, Delmas PD, Hans D, Meunier PJ. Risk factors for hip fracture in women with high BMD: EPIDOS study. *Osteoporos Int*. 2004 Jun 8
- 2004 Romano PS, Mutter R. The evolving science of quality measurement for hospitals: implications for studies of competition and consolidation. *Int J Health Care Finance Econ*. 2004 Jun;4(2):131-57.
- 2004 Yin F, Hu L, Lou F, Pan R. Dammarane-type glycosides from *Gynostemma pentaphyllum*. *J Nat Prod*. 2004 Jun;67(6):942-52.
- 2004 Danhauer SC, McCann JJ, Gilley DW, Beckett LA, Bienias JL, Evans DA. Do behavioral disturbances in persons with Alzheimer's disease predict caregiver depression over time? *Psychol Aging*. 2004 Mar;19(1):198-202.
- 2004 deVere White RW, Hackman RM, Soares SE, Beckett LA, Li Y, Sun B. Effects of a genistein-rich extract on PSA levels in men with a history of prostate cancer. *Urology*. 2004 Feb;63(2):259-63.
- 2004 Beckett LA, Tancredi DJ, Wilson RS. Multivariate longitudinal models for complex change processes. *Stat Med*. 2004 Jan 30;23(2):231-9.
- 2004 Callahan EJ, Stange KC, Zyzanski SJ, Goodwin MA, Flocke SA, Bertakis KD. Physician-elder interaction in community family practice. *J Am Board Fam Pract*. 2004 Jan-Feb;17(1):19-25.

- 2004 Howell LP, Bertakis KD. Clinical faculty tracks and academic success at the University of California Medical Schools. *Acad Med*. 2004 Mar;79(3):250-7.
- 2004 Weiss SJ, Derlet R, Arndahl J, Ernst AA, Richards J, Fernandez-Frankelton M, Schwab R, Stair TO, Vicellio P, Levy D, Brautigan M, Johnson A, Nick TG. Estimating the degree of emergency department overcrowding in academic medical centers: results of the National ED Overcrowding Study (NEDOCS). *Acad Emerg Med*. 2004 Jan;11(1):38-50.
- 2004 Jerant AF, Azari RS, Nesbitt TS, Meyers FJ. The TLC model of palliative care in the elderly: preliminary application in the assisted living setting. *Ann Fam Med*. 2004 Jan-Feb;2(1):54-60.
- 2004 Kravitz RL, Melnikow J. Medical adherence research: time for a change in direction? *Med Care*. 2004 Mar;42(3):197-9.
- 2004 Thom DH, Kravitz RL, Kelly-Reif S, Sprinkle RV, Hopkins JR, Rubenstein LV. A new instrument to measure appropriateness of services in primary care. *Int J Qual Health Care*. 2004 Apr;16(2):133-40.
- 2004 Marcin JP, Nesbitt TS, Kallas HJ, Struve SN, Traugott CA, Dimand RJ. Use of telemedicine to provide pediatric critical care inpatient consultations to underserved rural Northern California. *J Pediatr*. 2004 Mar;144(3):375-80.
- 2004 Leigh JP, Marcin JP, Miller TR. An estimate of the U.S. Government's undercount of nonfatal occupational injuries. *J Occup Environ Med*. 2004 Jan;46(1):10-8.
- 2004 Lara PN Jr, Meyers FJ, Law LY, Dawson NA, Houston J, Lauder I, Edelman MJ. Platinum-free combination chemotherapy in patients with advanced or metastatic transitional cell carcinoma. *Cancer*. 2004 Jan 1;100(1):82-8.
- 2004 Kaysen GA, Dubin JA, Muller HG, Rosales L, Levin NW, Mitch WE; The HEMO Study Group. Inflammation and reduced albumin synthesis associated with stable decline in serum albumin in hemodialysis patients. *Kidney Int*. 2004 Apr;65(4):1408-1415.
- 2004 Marcin JP, Ellis J, Mawis R, Nagrampa E, Nesbitt TS, Dimand RJ. Using telemedicine to provide pediatric subspecialty care to children with special health care needs in an underserved rural community. *Pediatrics*. 2004 Jan;113(1 Pt 1):1-6.
- 2004 Romano PS, Zhou H. Do well-publicized risk-adjusted outcomes reports affect hospital volume? *Med Care*. 2004 Apr;42(4):367-77.
- 2004 Hodge MB, Romano PS, Harvey D, Samuels SJ, Olson VA, Sauve MJ, Kravitz RL. Licensed caregiver characteristics and staffing in California acute care hospital units. *J Nurs Adm*. 2004 Mar;34(3):125-33.
- 2004 Howell LP, Tabnak F, Tudury AJ, Stoodt G. Role of Pap Test terminology and age in the detection of carcinoma invasive and carcinoma in situ in medically underserved California women. *Diagn Cytopathol*. 2004 Apr;30(4):227-34.

- 2004 West DC, Marcin JP, Mawis R, He J, Nagle A, Dimand R. Children with cancer, Fever, and treatment-induced neutropenia: risk factors associated with illness requiring the administration of critical care therapies. *Pediatr Emerg Care*. 2004 Feb;20(2):79-84.
- 2004 Dager WE, White RH. Low-molecular-weight heparin-induced thrombocytopenia in a child. *Ann Pharmacother*. 2004 Feb;38(2):247-50. Epub 2003 Dec 23.
- 2004 Hilty DM, Marks SL, Urness D, Yellowlees PM, Nesbitt TS. Clinical and educational telepsychiatry applications: a review. *Can J Psychiatry*. 2004 Jan;49(1):12-23. Review.
- 2004 Paterniti DA. A Second Opinion. *Contexts: Understanding People in Their Social Worlds*. 3(3):56 Summer.