Joy Melnikow is CHPR Director, Leads Comparative Effectiveness Research Effort

Joy Melnikow, M.D., M.P.H., is now Director of the UC Davis Center for Healthcare Policy and Research (CHPR). Dr. Melnikow is a professor in the Department of Family and Community Medicine, and a member of the US Preventive Services Task Force. She has been Associate Director at the CHPR since 2007.

A strong background in comparative effectiveness research (CER) qualifies Dr. Melnikow to position the CHPR as a principal resource for researchers and policy makers working in CER. “Results of comparative effectiveness research help doctors to better understand the effectiveness of different treatment options for their patients,” said Dr. Melnikow. “It is a key focus of the Obama administration’s move toward healthcare reform.” Over $1 billion has been allocated for CER in the American Recovery and Reinvestment Act of 2009, which was signed into law last year.

Dr. Melnikow also serves on the executive committee for the UC Davis Comprehensive Cancer Center. She received her M.D. from UC San Francisco and her M.P.H. in epidemiology from UC Berkeley. She completed her residency in Family Medicine at the University of Massachusetts, worked for the Indian Health Service, and was on the faculty of MetroHealth Medical Center/Case Western University before coming to UC Davis in 1992.

Her research is focused on cancer prevention in women’s health, particularly comparative effectiveness, cost effectiveness, decision making and patient preferences. With funding by private foundations, the American Cancer Society, the California Breast Cancer Research Program, and the National Cancer Institute, she has pursued research on effectiveness, preferences, decision making, and cost-effectiveness of preventive interventions related primarily to breast and cervical cancer.

Comparative Effectiveness: Research Methods and Controversies
June 18, 2010

The CHPR will hold a conference focusing on comparative effectiveness research on June 18, 2010. The conference, entitled “Comparative Effectiveness: Research Methods and Controversies,” will be held in room 1222 of the UC Davis School of Medicine Education Building from 8:30am to 2:30pm and will feature several keynote presentations with two breakout sessions.

Featured speakers will include: Mark Helfand, M.D., M.S., M.P.H., Director, Oregon Evidence-based Practice Center; Helena Kraemer, Ph.D., Professor of Biostatistics in Psychiatry (Emerita), Stanford University; and Eric S. Johnson, Ph.D., Center for Health Research, Kaiser Permanente Northwest. (The conference schedule and detailed speaker bios can be found on pages 6-7.)

The breakout sessions will include: “Using the EMR for Comparative Effectiveness Research,” led by Este Geraghty, M.D., M.P.H., Eric S. Johnson, Ph.D., and Scott MacDonald, M.D.; and “Comparative Effectiveness Research: The Health Policy Interface Panel,” led by Joy Melnikow, M.D., M.P.H., and Neal Kohatsu, M.D., M.P.H. The panel session will also feature panelists Susan Philip, M.P.P., Ronald Spingarn, and Kurt Snipes, Ph.D.

Comparative effectiveness research posters will be displayed in the lobby of the building, and a pilot grant program will be announced prior to the end of the conference. To register or receive more information on this exciting and timely event, please visit us on the web at http://www.ucdmc.ucdavis.edu/chpr/events/.

On the Inside:

- News
- Grants Awarded
- Welcomes
- CER Conference Schedule
- CER Speaker Bios
- Diabetes Pilot
- Focus On: Grants Development
- Research Spotlight
- T2D2 Conference Photos
- Publications

The CHPR Newsletter is produced and edited by Laura Bates Sterner. Articles are written by Laura Sterner unless otherwise noted.
News

UC Davis Study Finds Distinctions in Physician Satisfaction by Medical Specialty

Results of a UC Davis study of more than 6,500 physicians has found significant distinctions in job satisfaction based on medical specialty. Physicians who treat the elderly and children top the list, while gynecologists and surgeons have lower satisfaction levels.

Published online in BMC Health Services Research, the study, led by CHPR member Paul Leigh, professor in the Department of Public Health Sciences, indicates that better tracking of medical students and residents into specialty areas—and better education as to what each of those specialties entail—is necessary to assure long-term career satisfaction in medicine.

Center members Richard Kravitz, professor, Department of Internal Medicine and Daniel Tancredi, assistant professor of Pediatrics, were also part of the research team for this study. A copy of this study may be obtained at http://www.biomedcentral.com/10.1186/1472-6963-9-166/. This research was funded by the National Institute for Occupational Safety and Health and the UC Davis Office of Research.

Teresa Farley Receives Disability Awareness Award

CHPR Management Services Officer Teresa Farley was honored at the Annual Soaring to New Heights celebration, held this year on April 13.

The Disability Awareness Award is given to managers and supervisors who have demonstrated leadership, exemplary service and commitment to the recruitment, hiring and retention of employees with disabilities.

Knowledge Dissemination Conference: Targeted and Tailored Messages for Dealing with Depression (T2D2)

The CHPR recently planned and conducted a conference at the Courtyard Marriott, facilitated through an award from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The conference, held on April 8, 2010, served to bring together an array of service professionals working in the area of mental health in order to introduce them to the products of research that was conducted in a National Institute of Mental Health-sponsored R01 titled, “Targeted and Tailored Messages to Enhance Depression Care” (R. Kravitz, PI).

Conference presentations and materials are available on the web at www.t2d2.org, and a primer is being developed based on the information disseminated at the conference.

Richard Kravitz was the PI for this conference, which was developed and planned by Christina Slee, M.P.H. (Conference photos on page 10).

Welcomes

The CHPR recently welcomed the following new members:

Sunny Kim, Ph.D.

Dr. Kim is an assistant professor in the Department of Orthopaedic Surgery, UC Davis School of Medicine. She received her Ph.D. from Ohio State University, Columbus, Ohio, with a major in biostatistics and a minor in epidemiology. Her research interests are focused on patient outcomes and health economics, (cost and cost-effectiveness) of chronic conditions, particularly diabetes and arthritis.

Helene Margolis, Ph.D., M.A.

Dr. Margolis is an assistant adjunct professor in the Department of Internal Medicine, Division of General Medicine, UC Davis School of Medicine. She received a Ph.D. in Epidemiology from the University of California and an M.A. in Immunology and Biology from California State University, Sacramento. Her research interests involve the public impacts of climate change and contributing knowledge about outcomes, access, utilization, cost-benefit analysis, quality and disparities.

Daniel Nishijima, M.D.

Dr. Nishijima is a physician in the Department of Emergency Medicine, UC Davis School of Medicine. He received his M.D. from the Creighton University School of Medicine in Omaha, Nebraska. His research interests are in the areas of health care utilization and cost effectiveness, with an emphasis on intensive care.

Jim Nuovo, M.D.

Dr. Nuovo is a professor in the UC Davis School of Medicine Department of Family and Community Medicine. He was awarded an M.D. by the University of Vermont College of Medicine in Burlington, Vermont. Dr. Nuovo's research focuses on chronic disease management.

Debbie Ward, Ph.D., M.S.N.

Dr. Ward is an associate clinical professor in the new Betty Irene Moore School of Nursing. She holds a PhD in Health Policy from Boston University, and a MSN from Yale University School of Nursing in New Haven, Connecticut.

Heather M. Young, Ph.D., R.N., G.N.P., F.A.A.N.

Dr. Young is the Associate Vice Chancellor for Nursing and is the Dean of the Betty Irene Moore School of Nursing as well as Professor in Residence in the Department of Internal Medicine at the University of California, Davis School of Medicine. She received her Ph.D. from the University of Washington School of Nursing, in Seattle, Washington. She also holds a Master of Nursing, with specialty in Gerontology, from the University of Washington.

Grants Awarded

CHPR Members reported the following awards:

“Choosing Quality Indicators: A Decision Guide for Chartered Valued
Exchange II” PI: Romano

Patrick Romano has been awarded a subcontract from the Center for Health Improvement (CHI) in the amount of $36,124 for the development of a Decision Guide. The guide will be used by the Agency for Healthcare Research and Quality (AHRQ) and distributed to Chartered Value Exchanges (CVEs). The guide is intended to help the CVEs (community collaboratives that include purchasers, health plans, providers, and consumer representatives) select useful quality and efficiency measures. Project Manager: Dominique Ritley, M.P.H.

“Support of Quality Indicator Validation Efforts: A Quality Improvement Demonstration Project” PI: Romano

A gift in the amount of $45,000 was awarded to Patrick Romano by the Gordon and Betty Moore Foundation. The purpose of this project is to work with Sutter Roseville Medical Center, Stanford University Medical Center, and San Francisco General Hospital to gather evidence about the validity of the AHRQ Patient Safety Indicators and their usefulness as a screening tool to identify potential safety-related events. This project also offers these hospitals an opportunity to collaborate confidentially with experts at UC Davis to investigate potential safety-related events, to perform causal analyses, and to identify specific opportunities for improvement. Project Manager: Ruth Baron, R.N., B.Sc.N., P.H.N.


Funding: $64,745 from the California Program on Access to Care (CPAC)

This project aims to develop an effective methodology to assist efficient allocation of limited resources for a California safety-net health care program. Every Woman Counts, a state cancer control program, provides early detection of breast and cervical cancer to uninsured women. We will use tailored, program-specific cost-effectiveness analyses to assist California health policy makers to make decisions about the allocation of program resources regarding the use of digital mammography for breast cancer screening.

Digital mammography, a new breast cancer screening technology, is diffusing rapidly and may replace film mammography in some areas of California. The diagnostic accuracy of digital mammography is no better than film mammography overall, but it is more sensitive for detecting cancers in women under age 50, with a cost to EWC nearly twice that of conventional film mammography. We will use cost-effectiveness analysis (CEA) to identify the mammography policy options that will detect the greatest number of breast cancers in the EWC population, taking into consideration EWC’s fixed budget, the need for broad geographic access to care, and the age distribution of women served.

We will construct a model specifically tailored to EWC program characteristics, resources, and circumstances to project outcomes and costs stemming from alternative mammography program policy choices. A multistage Markov model with annual cycles, taking the perspective of the EWC program, will be constructed in TreeAge Pro. Findings and policy recommendations resulting from this study will be immediately applicable to guide program-specific policies related to the EWC program. In addition, this information will be useful for Medi-Cal policy makers, for similar programs in other states, and for national programs. The project will serve as a prototype for future program-specific CEAs in other state safety net programs.

“Targeted and Tailored Messages for Dealing with Depression (T2D2): Dissemination Conference” PI: Kravitz

Funding: $40,000 from the Substance Abuse and Mental Health Services Administration (SAMHSA). This knowledge dissemination conference will center on the role of targeting and tailoring in designing health interventions to help people experiencing depression talk to their primary care physicians about treatment. The goal of the conference is to show participants: 1) how targeting and tailoring are commonly used, 2) how to design interventions for a particular audience using novel data sources, and 3) how to anticipate possible barriers to implementation. The foundation for these discussions is based on preliminary studies conducted in a National Institute of Mental Health-sponsored R01 titled, “Targeted and Tailored Messages to Enhance Depression Care” (R. Kravitz, PI). A targeting intervention (series of public service announcements) and a tailoring intervention (interactive multi-media computer program) will be developed; both are designed to help people experiencing symptoms of depression have fruitful discussions with their primary care physicians about seeking the treatment that is right for them.

(Projections from pg 11)


Comparative Effectiveness Research: Methods and Controversies
June 18, 2010

Schedule

8:00  Registration opens

8:15  Opening Remarks

8:30  CER Overview
Mark Helfand, M.D., M.P.H., M.S.
Director, Oregon Evidence-based Practice Center
Staff Physician, Portland VA Medical Center

9:30  Clinically Significant Treatment Effects: Effect Sizes and Moderators
Helena Kraemer, Ph.D.
Professor of Biostatistics in Psychiatry (Emerita), Stanford University
Professor, Department of Psychiatry and Behavioral Sciences, University of Pittsburgh

10:30  Break and CER Pilot project posters

11:00  Breakouts
Breakout 1: Using the EMR for Comparative Effectiveness Research
• Esté Geraghty, M.D., M.P.H.
• Eric S. Johnson, Ph.D.
• Scott MacDonald, M.D.
Breakout 2: Comparative Effectiveness Research: The Health Policy Interface Panel
Facilitators:
• Joy Melnikow, M.D., M.P.H.
• Neal Kohatsu, M.D., M.P.H.
Panelists:
• Susan Philip, M.P.P., Director, California Health Benefits Review Program
• Ronald Spingarn, Deputy Director, Healthcare Information Division, Office of Statewide Health Planning and Development
• Kurt Snipes, Ph.D., Chief, Cancer Surveillance and Research Branch, California Department of Public Health

12:00  Funding Comparative Effectiveness Research (Lunch Provided)
Mark Helfand, M.D., M.P.H., M.S.
Director, Oregon Evidence-based Practice Center

1:00  Cohort Studies in Comparative Effectiveness Research
Eric S. Johnson, Ph.D.
Center for Health Research, Kaiser Permanente, Northwest

2:00  Call for CER Pilot Project Proposals

2:15  Adjourn
Mark Helfand, M.D., M.P.H., M.S., Director, Oregon Evidence-based Practice Center
Dr. Mark Helfand is a professor in the Departments of Medicine and Medical Informatics and Clinical Epidemiology at Oregon Health & Science University and a practicing physician at the Portland VA Medical Center. Dr. Helfand has been a leader in methods for comparative effectiveness research. From 1998-2002, Dr. Helfand led a team that helped the US Preventive Services Task Force prioritize topics and develop evidence-based guidelines. In the area of comparative effectiveness, he was a founder of the Drug Effectiveness Review Project (2003-2006) and, since 2004, has served as director of the Scientific Resource Center for AHRQ's Effective Health Care program. He has directed the Oregon Evidence-based Practice Center since 1997 and is also Editor-in-Chief of the journal Medical Decision Making.

Eric S. Johnson, Ph.D., Center for Health Research, Kaiser Permanente Northwest
Eric S. Johnson, PhD, an epidemiologist, has designed studies using healthcare databases for 15 years. Most of his research describes prognosis in usual care settings and the prediction of clinical events that matter to patients, providers, and policy makers. Dr. Johnson serves as a scientific lead for the Agency for Healthcare Research and Quality's (AHRQ) Scientific Resource Center, a component of the Effective Healthcare Program; in that capacity, he works to improve the rigor of comparative effectiveness studies in AHRQ's DEcIDE Network: Developing Evidence to Inform Decisions about Effectiveness. He conducts comparative effectiveness research through Kaiser Permanente's Center for Effectiveness and Safety and Research. Dr. Johnson has been teaching graduate and professional students in the University of Washington's Departments of Epidemiology and Pharmacy for the past ten years. He chairs a short course on comparative effectiveness research for the International Conference on Pharmacoepidemiology and Therapeutic Risk Management.

Helena Kraemer, Ph.D., Professor of Biostatistics in Psychiatry (Emerita), Stanford University
Dr. Kraemer received her bachelor's degree in Mathematics from Smith College (Summa cum Laude, 1958), did her first year of graduate study in Statistics as a Fulbright scholar at the University of Manchester, England, and then completed her doctoral studies in the Department of Statistics, Stanford University (1963). She joined the Department of Psychiatry and Behavioral Sciences at Stanford in 1964. Her primary interests concern the applications of biostatistics in the behavioral areas of medicine. In 1964, that seemed largely concentrated in psychiatry, but in the years since, she has worked in Cardiology, Pediatrics, Radiology, Oncology etc., as behavioral issues have become more prominent in all areas of medicine. She is a Fellow of the American Statistical Association, and of the American College of Neuropsychopharmacology. She was elected a member of the Institute of Medicine, Academy of Sciences, in 2003. She was also the recipient of the Harvard Prize in Psychiatric Biostatistics and Epidemiology in 2001. She has published more than 300 papers in peer-reviewed journals, and 3 books. She has served as associate editor or on the editorial boards of Statistics in Medicine, Psychological Methods, Archives of General Psychiatry, Journal of Child and Adolescent Psychopharmacology. Her major recent research interests concern the use of statistical methods in risk research, specifically the focus on moderators and mediators, the use of effect sizes to indicate clinical or practical significance to replace the overuse and abuse of statistical significance, and, in general, identifying and trying to rectify common problems in the application of statistical methods in medicine. She became Emerita in 2007, but continues to be active, serving on the NIMH Council, on the DSM V Task Force, as well as consulting at various universities.
Living Well with My Diabetes: Telemedicine in a Community Health Pilot Project

– Glee Van Loon

UC Davis Health System and the Medical Board of California have collaborated to take the lead on a new project developed in response to California state legislative bill AB 329 (Nakanishi) which requires the conduct of a pilot program to “develop methods, using a telemedicine model, of delivering health care to those with chronic diseases and delivering other health information.”

Although the legislation does not specifically identify a chronic disease to target, diabetes was chosen as the focus. The incidence of diabetes in the United States is soaring. The Centers for Disease Control reported in 2008 that 24 million people in the U.S. are affected by diabetes, an increase of more than 3 million people in approximately two years. In California, it is estimated that nearly 2 million people have diabetes, with a statewide prevalence rate of 6.2%, increasing to 15.1% for those age 65 and older. In addition, there are disparities in the incidence rate between various racial and ethnic populations. After adjusting for population age differences, the CDC-estimated rate of diagnosed diabetes is 11.8% for African-Americans and 10.4% for Hispanics (11.9% for Mexican Americans) compared to 7.5% for Asian Americans and 6.2% for whites. Finally, the economic cost of diabetes is enormous. In California, the cost of health care for patients with diabetes is estimated to be approximately $12 billion a year which includes an estimated $3.4 billion for over 300,000 diabetes-related hospitalizations.

The UCDHS Chronic Disease Management Program, in collaboration with the UCDHS Center for Health and Technology and the UC Davis Center for Health Care Policy and Research, has developed a telemedicine model for the provision of modern diabetes self-management education and training for patients with diabetes living in rural, underserved communities in northern and central California. The classes, “Living Well with My Diabetes”, are two-hours in length and meet current recommendations of the American Diabetes Association. They are taught by diabetes health educators and are offered in English and Spanish. In addition, this pilot program is studying the impact of offering additional follow-up health coaching to class participants via a toll-free telephone line. Data is being collected on level of patient participation, patient clinical outcomes, patient and provider satisfaction, and project costs in order to evaluate the effectiveness and cost-efficiency of the program.

In total, the project will target 18 rural healthcare sites and approximately 1000 patients throughout northern and central California. UC Davis Health System chose Sierra Family Medical Clinic in the outskirts of Nevada City as the first pilot project site because of their known success with telemedicine and desire for diabetes self-management education. In early June, classes and data collection will commence. These sessions will be monitored and provide patient outcome data that will influence State legislative decisions regarding the future of telemedicine.
Focus on: Grants Development

Did you know that the CHPR has a dedicated grants development team which can assist Center members in preparing their pre-award submissions to various funding agencies? Grants development team members have experience with a variety of funding agency requirements and can help you navigate the maze of paperwork and online submission requirements that typically accompany calls for proposals.

CHPR team members obtain ongoing training to assure that they are familiar with the most current requirements, both from funding agencies and from the UC Davis Office of Research. With ever increasing competition for research dollars, the quality of your submission is more important than ever before.

The CHPR pre-award team has recently responded to calls from a variety of funding agencies, including:

- The United States Environmental Protection Agency (EPA)
- The Health Resources and Services Administration (HRSA)
- The National Institutes of Health (NIH)
- The National Institutes of Mental Health (NIMH)
- American Cancer Society (ACS)
- UC Berkeley California Program on Access to Care (CPAC)
- Agency for Healthcare Research and Quality (AHRQ)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

If you wish to submit a research proposal for work that fits within the scope of the Center’s Mission, we would be happy to help you prepare your pre-award documentation and online submission. To determine if your research falls within the Center’s Mission, see our mission statement at the bottom of this page. If you believe that your research would be a good fit with the CHPR and you need pre-award assistance, please download a Request for Center Assistance from our website at: http://www.ucdmc.ucdavis.edu/chpr/downloads/request_center_assistance.doc.

CHPR Mission Statement

The Mission of the Center is to facilitate research, promote education and inform policy about health and healthcare.

The Goals of this Mission are to improve the health of the public by contributing new knowledge about:
- access
- delivery
- cost
- outcomes

Current emphases include disparities, clinician-patient interaction, utilization, cost-effectiveness and quality.

The Center is an interdisciplinary collaborative research unit that will perform the following functions:
- development and support of interdisciplinary collaboration on research projects related to the Center’s Mission;
- education and career development for scholars with interests in health services and health policy research;
- synthesis, interpretation and dissemination of research findings that assist healthcare policy formation and improve health services delivery.
Research Spotlight:

UC Davis Study Links Obesity with Lowest Earnings

(UC Davis Health System Public Affairs Office, Sacramento, Calif.) — A new UC Davis study has found that minimum-wage employees are more likely to be obese than those who earn higher wages, adding to growing evidence that being poor is a risk factor for unhealthy weight.

“Our study clarifies a link that has been assumed but difficult to prove,” said Paul Leigh, senior author of the study and professor in the UC Davis Center for Healthcare Policy and Research. “The correlation between obesity and poverty-level wages was very strong.”

Public-health scientists have identified several potential reasons why lower wages could support the tendency for obesity. One is that poorer people tend to live in less-safe neighborhoods with reduced access to parks and other low-cost means of physical activity. Healthy, lower-calorie foods also tend to be more expensive and less available in poorer communities. California’s Obesity Prevention Plan, for instance, notes that many low-income families have less access to healthier foods and often have to travel greater distances than others to find healthier food options at lower prices.

“The outcome leads us to believe that raising minimum wages could be part of the solution to the obesity epidemic. Doing so could increase purchasing power enough to expand access to healthier lifestyle choices,” Leigh said.

Published in the May issue of the Journal of Occupational and Environmental Medicine, the finding is the result of the novel use of a statistical technique known as instrumental variables, which is often used by economists and other social scientists to determine causal rather than coincidental relationships between, for instance, education and earnings.

“Instrumental variables gave us the chance to evaluate an independent factor that is definitely not caused by obesity — minimum wages,” said Leigh, who is an expert in health and labor economics. “After adjusting for inflation, minimum wages have been stagnant or falling over the past three decades, placing most full-time workers near the poverty line. It is also during those same three decades that we have seen the prevalence of obesity soar.”

In gathering data to assess through instrumental variables, the team started with the Panel Study of Income Dynamics. This longitudinal, representative sample of people in the United States includes information on height and weight, which were used to calculate body mass index (BMI), in addition to demographics and earnings. The researchers isolated data collected in 2003, 2005 and 2007 from 6,312 full-time workers in over 40 states who were 20-to-65 years of age and identified themselves as heads of households. State-established minimum-wage data for those same three years was obtained from the U.S. Department of Labor.

The results showed that people earning the lowest wages were more likely to have weights in the obese range, or BMIs of 30 or greater. People living in the southern United States – where state minimum-wage levels are among the lowest – were more likely to be obese than people in other regions.

Leigh noted that one limitation of the study is its sample. Those identifying themselves as household heads were 85 percent men and 90 percent Caucasian.

“Future research should address wage and obesity correlations among samples that include more African-Americans, Hispanics, Asians and women,” said Leigh. “Obesity is a complex problem that likely has multiple causes. The more we can pinpoint those causes for specific populations, the greater chances there are for reducing its impact.”

The study was supported in part by the National Institute for Occupational Safety and Health. Leigh co-authored the study with DaeHwan Kim, who recently obtained his doctorate in economics at UC Davis and is now a research fellow at the Korea Insurance Research Institutes in Seoul.

A copy of the “Estimating the Effects of Wages on Obesity” can be requested from the journal by e-mailing Marjory Spraycar at m.spraycar@verizon.net.

Study Finds that Public Reporting of Heart Bypass Surgery Outcomes in California Has Not Reduced Access to Care

(UC Davis Health System Public Affairs Office, Sacramento, Calif.) — UC Davis research has found that patients scheduled to undergo coronary artery bypass graft (CABG) surgery in California were just as ill in 2003 — when public reporting of performance data for this particular surgery began — as in 2006, evidence that “report cards” did not cause doctors or hospitals to turn away sicker patients.

The study, published in the April 2010 issue of the Annals of Thoracic Surgery, also found that despite similar patient profiles, death rates for patients in the highest risk group for CABG showed a 26 percent decline in relative risk during that same timeframe.
“Our findings suggest no evidence of a negative impact in California from public reporting of hospital outcomes following CABG operations,” said Zhongmin Li, assistant professor of cardiovascular medicine and lead author of the study. “This is very reassuring, since there was some fear at first that this system would reduce access to this important surgery for high-risk patients.”

In 2003, the California Legislature mandated public reporting of CABG operative mortality in all nonfederal hospitals and of surgeons who perform the procedure. Operative mortality is defined as death occurring in the hospital after CABG regardless of length of stay, or death occurring after hospital discharge within 30 days of the operation.

It was hoped that public disclosure of hospital and surgeon performance would motivate lower-performing providers to find ways to optimize their outcomes. Another goal was to give patients easy access to data they could use in selecting CABG providers. Many worried, however, that public report cards would lead hospitals or surgeons to deny care to the riskiest patients in order to improve their rankings.

CABG, indicated for patients with narrowed or blocked coronary arteries due to atherosclerosis, was in 2003 one of the most commonly performed major surgeries in the United States and is still considered the “gold standard” treatment for severely blocked arteries. During the procedure, diseased arteries are bypassed using grafts from other blood vessels. The procedure typically takes about four hours to perform and involves a five- to seven-day hospital stay if there are no complications.

“There’s always a worry from medical professionals that report cards don’t reflect the higher risk factors of some of the patients they see,” said Ezra A. Amsterdam, a UC Davis professor of cardiovascular medicine and senior investigator on the study. “Fortunately, this study accounts for individual patient risks so that hospitals that serve the sickest patients are not unfairly graded if their death rates are higher because of that.”

Using data reported to the CABG Outcomes Public Reporting Program, the investigators applied a complex formula of 25 variables to estimate preoperative risk for each patient, based on the number and severity of risk factors, including age, race, body mass index, and existing medical conditions and physiologic measures. Under this formula, the calculated predicted risk of death from CABG in 2003 and 2006 improved but was not statistically different (3.06 percent and 3.05 percent, respectively). Overall death rates from the procedure did improve significantly – from 2.90 percent in 2003 and 2.22 percent in 2006.

According to J. Nilas Young, chief of cardiothoracic surgery at UC Davis and one of the study authors, reasons for the improvement in the death rate can be attributed to advances in surgical techniques along with improved anesthesiology, preoperative and postoperative care.

“There were several new approaches to bypass surgery and technologies introduced in the study timeframe — and even through today — that help improve outcomes for patients,” said Young.

Another study outcome showed that the number of CABG procedures decreased significantly among California nonfederal hospitals and surgeons between 2003 and 2006, from 21,276 to 15,647. Caseload reductions were found regardless of performance ranking – a trend Li attributes to the ongoing transition to the use of stents, which can be inserted earlier in the disease process to widen arterial pathways without surgery.

“This study bears very good news for patients,” said Li. “It indicates that access to medical care has not decreased, patients have more options and CABG has become an even safer procedure.”

In addition to Li, Amsterdam and Young, the research team included James P. Marcin, Luis R. Castellanos and Patrick S. Romano of UC Davis, and David M. Carlisle of the California Office of Statewide Health Planning and Development and UCLA.
Targeted and Tailored Messages for Dealing with Depression

Clockwise from top left: Matthew Kreuter, Washington University in St. Louis; conference attendees; live blogging the conference on Twitter; Sergio Aguilar-Gaxiola, UC Davis; Tony Caccamo, Roberts Communication with Ronald Epstein, University of Rochester (see News on pg. 2).
Selected Publications


Bell RA, Taylor LD, Kravitz RL. Do antidepressant advertisements educate consumers and promote communication between patients with depression and their physicians? Patient Educ Couns. 2010 Feb 20. [Epub ahead of print]


Leigh JP, Tancredi DJ, Kravitz RL. Physician career satisfaction within specialties. BMC Health Serv Res. 2009 Sep 16;9:166.


Vannoy SD, Fancher T, Melvedt C, Unützer J, Duberstein P, Kravitz RL. (see Publications, pg 3)
Available Positions at the UC Davis Center for Healthcare Policy and Research

COST EFFECTIVENESS ANALYST/GRANT WRITER
ANALYST IV 50%-100% Variable Position

Position Information

The Center for HealthCare Policy and Research is an Organized Research Unit at UC Davis serving over 80 faculty members. With over 20 research staff CHPR provides a variety of research proposal development, awards processing and research project implementation and management.

Under general direction, provide support for background research and grant writing in comparative effectiveness research, cost effectiveness analysis and grant/ project development for projects in the Center for Healthcare Policy and Research pertaining to cost effectiveness and health care. Write grant proposals for submission to federal agencies and other funders. Manage one or more research projects pertaining to health care comparative effectiveness or cost effectiveness. Organize and oversee data collection and management and report analysis and writing. Coordinate grant and project development. Organize assignments, timelines, and task delegation; coordinate project meetings, agendas, research documentation and records. Serve as primary liaison between principal investigators, granting agencies, research teams, and the Office of Research.

To apply :

https://www.employment.ucdavis.edu/applicants/Central?quickFind=55434

Available positions are recruited through the UC Davis Human Resources Department. Please do not contact the CHPR staff or the UC Davis Health System for information, as they will have none.

The UC Davis Department of Human Resources website is available at: http://www.hr.ucdavis.edu/