



Emblem: "Soul Catcher" ...a Northwest Coast Indian symbol used to ward off spirits that brought physical or mental illness.

the Staff...

- Stephan D. Fihn, MD, MPH
Director, HSR&D
- Susan C. Hedrick, PhD
Associate Director, Seattle Site
- David H. Hickam, MD, MPH
Associate Director, Portland Site
- David H. Au, MD, MS
Investigator
- Katharine A. Bradley, MD, MPH
Investigator
- Chris L. Bryson, MD, MS
Investigator
- Edmund F. Chaney, PhD
Investigator
- Michael K. Chapko, PhD
Investigator
Research Review Coordinator
- Jason A. Dominitz, MD, MHS
Investigator
- Vincent S. Fan, MD, MPH
Investigator
- Chuan-Fen Liu, PhD
Investigator
- Matthew L. Maciejewski, PhD
Investigator
- Charles C. Maynard, PhD
Investigator
- Gayle E. Reiber, MPH, PhD
Investigator
- Anne E. Sales, MSN, PhD
Investigator
- Bevan Yueh, MD, MPH
Investigator
- Andrew Zhou, PhD
Investigator
- Jane Summerfield
Administrative Officer
- Monica Hayes
Staff Assistant
- Greg Gilbo
IT Systems Specialist
- Connie Nakano, MPH
Human Subjects Coordinator
- Jeff Todd-Stenberg
HSR&D Data Manager

Northwest Center for Outcomes Research in Older Adults: A VA HSR&D Center of Excellence

Veterans Affairs Puget Sound Health Care System (VAPSHCS) and
the Portland VA Medical Center (PVAMC)

Recent Article of Interest

Changes in characteristics of veterans using the VHA health care system between 1996 and 1999

Chuan-Fen Liu, PhD, Matthew L. Maciejewski, PhD, Anne E. Sales, MSN, PhD

Veterans have access to a health care system unavailable to most Americans: the Veterans Health Administration (VHA). VHA is the largest, integrated health care system in the U.S. that provided care to about 4.5 million veterans in 2002. The VHA has implemented significant organizational changes in recent years as mandated by the Veterans Eligibility Reform Act of 1996. These changes were designed to shift the focus of care from inpatient to outpatient settings, to improve access to ambulatory care, and to provide care to more veterans. Prior to 1996, only inpatient care was mandated and outpatient care could not be provided unless there was an antecedent inpatient admission for the same problem. VHA has transformed from a confederation of individual facilities focused primarily on inpatient care to a fully integrated health care system that promotes primary and ambulatory care.

Organizational reforms were accompanied by VHA eligibility and enrollment changes. In 1999, the VHA system was opened to all veterans based on a new enrollment system. A new group of veterans have been receiv-

ing VHA care for the first time in large numbers, including veterans without service-connected disability and veterans whose level of service-connected disability does not entitle them to compensation. These (Priority Group 7) veterans are required to make co-payments for certain types of VHA care. In this study, we assess whether there were changes in demographic characteristics, health insurance coverage, and health status among veterans who used the VHA system between 1996 and 1999. We expected that these policy changes would attract more insured and healthier veterans to the VHA system.

Methods

This analysis compared the characteristics of veterans who used VHA care and those who did not using two cross-sectional samples in the Household Component (HC) of the Medical Expenditure Panel Survey (MEPS) in 1996 and 1999, which contained questions on demographic characteristics, health conditions, health status, usual source of care, health insurance, income, and employment status. The files also captured information about use and expenditures of medical ser-

Inside this issue:

Recent Article of Interest	1
Feature Articles	3
Fellows Profiles	4
Publications	5
ERIC Summer Session Praise	5
Investigator Profile	6
Funding Due Dates	6
Phone Listings	6

Cover Story

Changes in VHA users (cont. from Page 1)

vices for office and hospital-based care, home health care, dental services, vision aids, and prescribed medicines. The two files covered the calendar years 1996 and 1999, respectively. Survey respondents were identified as veterans by answering affirmatively to the following question: "Did you ever serve in the Armed Forces?" The MEPS surveys included 1,944 veterans in 1996 and 1,974 veterans in 1999. The number of veterans represented 9.2% and 8.5% of the MEPS sample for 1996 and 1999, consisting of 26.6 and 25.7 million veterans in 1996 and 1999, respectively. VHA users were defined as veterans who used VHA care, based on non-zero medical expenditures paid by VHA facilities in 1996 or 1999. There were 534 and 740 VHA users among veterans in the 1996 and 1999 MEPS surveys, respectively.

To examine the differences in socio-demographic characteristics, health status, and having usual source of care between VHA users and non-users in 1996 and 1999, we used bivariate analyses that were conducted using Pearson Chi-Square or Wald tests. A multivariate logit analysis was used to further explore factors associated with using VHA care in 1996 and 1999, respectively. All analyses were adjusted for the complex survey design used in the MEPS using survey analysis techniques in STATA SE 8.

Results

The percentage of veterans using the VHA system increased from 12.4% in 1996 to 14.6% in 1999 ($p = 0.03$). The result indicates a significant gain in VHA market share among veterans. This result is consistent with VHA data showing that the number of VHA users increased by about 17% during the same time period (2.9 million in 1996 and 3.4 million in 1999).

Compared to 1996 VHA users, 1999 VHA users were less likely to report health status as fair or poor (29% in 1996 versus 24% in 1999), and more likely to report health status as good (34% in 1999 versus 26% in 1996). Male veterans were more likely to use the VHA system than female veterans ($p <$

0.01). Veterans with high school education were more likely to use the VHA system than those with less than high school education ($p < 0.01$). The odds of using the VHA system significantly increased with income ($p < 0.01$). Retired and unemployed veterans were more likely to use the VHA system than employed veterans. Uninsured veterans were more likely to use the VHA system than insured veterans. Finally, the odds of using VHA care increased as self-reported health status worsened. Similar veteran characteristics associated with using VHA care found in 1996 were also found in 1999, with the exception of marital status and income. Marital status was not a significant factor in 1996, but married veterans were more likely to use VHA than unmarried veterans in 1999 ($p < 0.01$). In contrast, income was not a significant factor in 1999, while it was significantly associated with using VHA care in 1996.

Conclusions

The results indicate that VHA users' characteristics did not change substantially following major reorganization and policy changes. Being uninsured, unemployed, and in poor health status remain significant factors associated with using the VHA system in the both years. Even though VHA users were more likely to be uninsured than VHA nonusers, VHA users were more likely to report having a usual source of care than VHA nonusers. A majority of VHA users had alternative insurance coverage, such as Medicaid, Medicare, or private health insurance. VHA appears to have continued its mission as a safety net to serve vulnerable veterans who were in poor health, uninsured, or unemployed after major organizational changes.

Taken from "Changes in Characteristics of Veterans Using the VHA Health Care System Between 1996 and 1999. *Health Res Policy Syst.* 2005 Apr 18;3(1):5.

Feature Articles

Stephan D. Fihn, MD, MPH — Welcome Back

Stephan D. Fihn, MD, MPH, Director of HSR&D Center of Excellence, served as VA's Acting Chief Research and Development Officer (CRADO) from July 2004 to June 2005. On June 1, 2005, Dr. Fihn was awarded the VHA Exemplary Service Award by Jonathan B. Perlin, MD, PhD, Under Secretary for Health, Veterans Health Administration, for his outstanding service as acting CRADO while continuing his duties at the Seattle VA Puget Sound Health Care System.

Dr. Fihn has returned to Seattle and will continue to serve as Director of Seattle's HSR&D Center of Excellence while pursuing his research interests in ambulatory care, cardiovascular diseases, evidence-based medicine, and cost-effectiveness of primary care.

VHA Under Secretary for Health's Visit to Seattle

Jonathan B. Perlin, MD, PhD., Under Secretary for Health, Veterans Health Administration, visited Seattle's HSR&D Center of Excellence on August 25, 2005. As the Chief Executive Officer of the VHA, Dr. Perlin leads the nation's largest integrated health system in the U.S.

Prior to his nomination to serve as Under Secretary for Health, Dr. Perlin served as Acting Under Secretary for Health since April 6, 2004, and Deputy Under Secretary for Health from July 2002 to April 2004. He also served as Acting Chief Research and Development Officer from December 2003 to July 2004.

Congratulations to Duncan Campbell, PhD, Best Trainee Poster

Duncan Campbell, PhD, HSR&D Center of Excellence post-doctoral research fellow, received the award for Best Trainee Poster, which recognizes the contributions to VA of the trainees and fellows supported by the Office of Academic Affiliations and the Health Services Research and Development Service. The Annual Poster Competition for post-doctoral trainees and fellows was held in conjunction with the HSR&D National Meeting, held in February 2005 in Washington, D.C. Dr. Campbell's abstract was entitled, "Expectations for Mood Improvement: Possible Implications for Primary Care Interventions."

Dr. Campbell's fellowship project examined how different methods of depression treatment delivery might be associated with different levels of perceived stigma regarding the illness. With lower levels of stigma, patients may be adherent to treatment and experience improved outcomes.

In April, Dr. Campbell accepted an offer to join the faculty in the Department of Psychology at the University of Montana in Missoula. He plans to maintain his personal and professional relationships with members of the local and national TIDES, WAVES, COVES, and ReTIDES research teams.

In addition to continuing to examine how the depression treatment delivery system might be structured in order to minimize the impact of treatment-related stigma, he plans to revisit his past research in the area of depression vulnerability and the protective role of goal-directed thinking.

To view Dr. Campbell's abstract, visit:

www.hsr.d.research.va.gov/about/national_meeting/2005/display_abstract.cfm?RecordID=251

Fellows Profiles

HSR&D CoE Welcomes Four New Fellows: Drs. Dalrymple, Derleth, Frank, and Hawkins

Lorien S. Dalrymple is originally from Colorado. She obtained a BS in psychology from Duke University. During her undergraduate years, she was primarily interested in research that examined coping with chronic physical illness. Lorien attended the Colorado School of Medicine and became fascinated with renal physiology and developed an interest in nephrology. She completed her internal medicine residency training and nephrology fellowship at the University of Washington. She is presently in the second year of studies to obtain a MPH in epidemiology. Her current research interests are 1) the association between hepatitis C virus and renal disease and 2) the quality of chronic kidney disease care. In her extra-curricular time, Lorien enjoys cooking, reading, movies, and gardening.

Ann Derleth, MSPH, PHC, earned her BA in Mathematics in Michigan and her MSPH in Biostatistics at the UW. She then spent a number of years working in a variety of health related settings, most recently the Wenatchee Valley Medical Center, where her husband was a partner. She returned to the UW in the PhD program in Health Services Research with a focus on quantitative methods and evaluative sciences. During this time, Ann has worked in the HSR&D Center of Excellence with the ACQUIP project data and at the Harborview Injury Prevention and Research Center. Her dissertation focuses on transforming health status measures to predict years of healthy life, using data from ACQUIP and from the Medical Expenditure Panel Survey (MEPS). Her postdoctoral research will extend her dissertation work to development of a severity index for persons with diabetes. Her long term goal is to investigate how the organization and financing of health services can contribute to achieving the best possible health-related quality of life outcomes for older adults.

Ann and her late husband have a daughter, Christina, a 2004 graduate of UW Medical School and now an internal

medicine resident at Emory University, and a son Mark, a fourth-year medical student at Boston University. Over the years, the family spent leisure time skiing and backpacking the trails of the Cascades and at their cabin on Lake Chelan.

Danielle Frank finished her internal medicine residency at the University of Washington in 2004 and just completed a year as an outpatient chief resident for the Seattle VA. Danielle originally comes from Detroit where she finished her undergraduate degree at the University of Michigan and then completed her medical training at Wayne State University. Her main research interests include racial disparities in health with specific focus on investigating recent attempts to explain racial disparities using contributions from the fields of molecular biology and genetics. Facts of interest include her love for bouvier de flanders (a breed of dog from Belgium), her work with the film director Michael Moore on his movie “The Big One” before starting medical school, and her fierce loyalty to Detroit!

Eric Hawkins completed his undergraduate education at University of California, Berkeley, and during his first, “very exciting career” was a certified public accountant. He eventually returned to college, taking post-baccalaureate courses in psychology at the University of Washington and attended Brigham Young University to pursue his doctoral degree in clinical psychology.

He recently completed a postdoctoral fellowship in the Center of Excellence in Substance Abuse and Treatment Education at the Seattle VA, where he continued to pursue his research interest in developing and testing treatment models designed to evaluate and improve behavioral health and substance use outcomes of veterans receiving outpatient addiction treatment.

In his free time, Eric enjoys spending time with his wife, Melissa, playing with their black lab, Gracie, and slowly remodeling their “old” home. He expects that the progress on their home will become even slower with the upcoming birth of twins.

Publications and other stories

Publications (February—August 2005)

Arterburn DE, **Maciejewski ML**, Tsevat J. Impact of morbid obesity on medical expenditures in adults. *Int J Obes Relat Metab Disord*. 2005 Mar;29(3):334-9.

Chou R, **Helfand M**. Challenges in systematic reviews that assess treatment harms. *Ann Intern Med*. 2005 Jun 21;142(12 Pt 2):1090-9.

Desalvo KB, **Fan VS**, McDonnell MB, **Fihn SD**. Predicting mortality and healthcare utilization with a single question. *Health Serv Res*. 2005 Aug;40(4):1234-46.

Helfand M. Using evidence reports: progress and challenges in evidence-based decision making. *Health Aff (Millwood)*. 2005 Jan-Feb;24(1):123-7.

Liu CF, **Maciejewski ML**, **Sales AE**. Changes in characteristics of veterans using the VHA health care system between 1996 and 1999. *Health Res Policy Syst*. 2005 Apr 18;3(1):5.

Maciejewski ML, Liu CF, Derleth A, McDonnell M, Anderson S, **Fihn SD**. The performance of administrative and self-reported measures for risk adjustment of Veterans Affairs expenditures. *Health Serv Res*. 2005 Jun;40(3):887-904.

Maciejewski ML, Patrick DL, Williamson DF. A structured review of randomized controlled trials of weight loss showed little improvement in health-related quality of life. *J Clin Epidemiol*. 2005 Jun;58(6):568-78.

Mazur DJ, **Hickam DH**, Mazur MD, Mazur MD. The role of doctor's opinion in shared decision making: what does shared decision making really mean when considering invasive medical procedures? *Health Expect*. 2005 Jun;8(2):97-102.

McFarland LV, **Reiber GE**, Norman JE. Recruitment of Medicaid and dual-enrolled medicare beneficiaries with diabetes mellitus into a randomized controlled trial. *Am J Manag Care*. 2005 Jul;11(7):443-8.

Miller RR, **Sales AE**, Kopjar B, **Fihn SD**, **Bryson CL**. Adherence to heart-healthy behaviors in a sample of the U.S. population. *Prev Chronic Dis*. 2005 Apr;2(2):A18.

Pignone M, **Saha S**, Hoerger T, Lohr KN, Teutsch S, Mandelblatt J. Challenges in systematic reviews of economic analyses. *Ann Intern Med*. 2005 Jun 21;142(12 Pt 2):1073-9.

Sales AE, **Hedrick SC**, Sullivan J, Gray SL, Curtis M, Tornatore J. Factors affecting choice of community residential care setting. *J Aging Health*. 2005 Apr;17(2):190-206.

Shannon J, Tewoderos S, Garzotto M, Beer TM, Derenick R, Palma A, Farris PE. Statins and Prostate Cancer Risk: A Case-Control Study. *Am J Epidemiol*. 2005 Jul 13;

Song X, **Zhou XH**. A marginal model approach for analysis of multi-reader multi-test receiver operating characteristic (ROC) data. *Biostatistics*. 2005 Apr;6(2):303-12.

Zhou XH, Castelluccio P, Zhou C. Nonparametric estimation of ROC curves in the absence of a gold standard. *Biometrics*. 2005 Jun;61(2):600-9.

Zhou XH, Qin G. Improved confidence intervals for the sensitivity at a fixed level of specificity of a continuous-scale diagnostic test. *Stat Med*. 2005 Feb 15;24(3):465-77.

7th Seattle ERIC Summer Session a Success

Praise from participants is rolling in for the Seattle Epidemiologic Research and Information Center's (ERIC) 7th Annual Epidemiology, Biostatistics and Clinical Research Methods Summer Session, which took place June 20-24, 2005. Once again, the courses taught by preeminent faculty from top universities proved popular.

"Please thank all of the staff and faculty for a terrific course," one participant wrote. "It's really great that we can attend these lectures given by experts." Another wrote, "Just wanted to let you know that the ERIC conference was wonderful. I learned quite a bit." And one more: "Just wanted to say another great program this year."

In 2006, come to the Second American Congress of Epidemiology and stay for the 8th Annual ERIC Summer Session. The Congress will meet in Seattle June 21-24, 2006. The Summer Session will be on the beautiful University of Washington campus, June 26-30.

Visit Northwest HSR&D Center of Excellence on the Web:

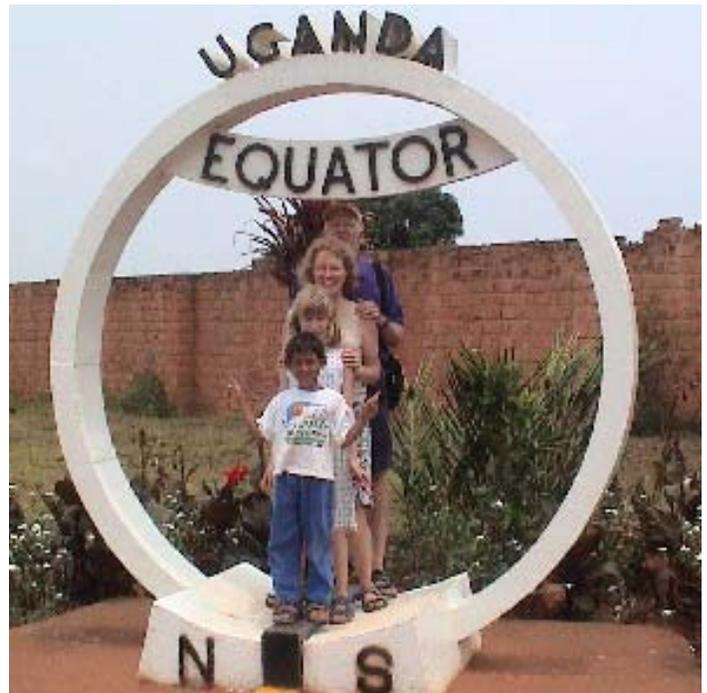
<http://www1.va.gov/pshsrd>

Investigator Profile

Dr. Michael Chapko has been an HSR&D COE Investigator since 1994 and the Research Review Coordinator since 1999. He is also Associate Director of the NW Hepatitis C Resource Center and affiliated with the Seattle Epidemiology Research and Information Center. He has a PhD in Psychology from the City University of New York and is a Research Professor in the Department of Health Services, School of Public Health, at the University of Washington. He first started working on HSR&D research projects 1985, when he was asked to develop and implement VA costing methods for Susan Hedrick's Adult Day Health Care Evaluation. His primary area of interest is evaluation of health care delivery systems, so he has been involved in a variety of topic areas over the years, including bone marrow transplant, geriatric evaluation and management, expanded duties for dental auxiliaries, diffusion of dental innovations, coronary angioplasty, PTSD, neuropsychological screening, telephone care, computerized decision support, electronic medical records, assisted living, community-based outpatient clinics, and hepatitis C.

Michael received a Fulbright Fellowship to evaluate nutritional rehabilitation programs in Niger. He also lived in the Central African Republic where he evaluated HIV/AIDS prevention programs.

Michael's wife, Marcia, is a health economist. They have two children, Lani (age 10) and Makara (age 6). The family loves backpacking and worldwide travel which has included Thailand, Cambodia, Uganda, South Africa, Eritrea, Central America, and several countries in Europe. Lani, Makara, and Michael all play on soccer teams. Michael also enjoys astronomy.



Funding Due Dates

- ~ HSR&D Merit Review IIRs and Merit Review Entry Program (MREP) Proposals
December 15, 2005
- ~ Career Development Awards
December 15, 2005
- ~ Career Scientist Awards
December 1, 2005

Phone Listings for HSR&D Service, VA Central Office

Acting Director: Shirley Meehan, MBA, PhD
(202) 254-0207
Budget Analyst: Mary Jones, MBA
(202) 254-0210
Health Science Specialist: Susan Schiffner, RN, BSM, CCM
(202) 254-0209
Assistant Director: Phil Crewson, PhD
(202) 254-0220
Career Development Program Manager: L. Robert Small, Jr.
(202) 254-0219
Director for QUERI: Joe Francis, MD, MPH
(202) 254-0289