



VA Research Currents

Update from Health Services Research and Development...

VA racial-disparities research featured in Medical Care supplement

By John G. Demakis, MD, Director

Ethnic and cultural variations in health care have been documented in both VA and private sector patient populations, but the cause of these differences in care have not been fully explored. The study of racial variations and disparities in health care is particularly important to the VA because the veteran population contains a greater proportion of minorities than exists in the country overall, and this population is growing. VA's Health Services Research and Development Service (HSR&D) conducts studies that address important initiatives in understanding racial and ethnic variation in health care services. Findings from thirteen such studies were featured in the January 2002 *Medical Care* Special Supplement.

The studies in the supplement covered issues including perceived barriers to mental health care among American Indian veterans; the impact of race on cardiac and cancer care; black and Hispanic veterans and treatment programs for posttraumatic stress disorder (PTSD); and understanding racial disparities in access and utilization of health care. Most of these studies showed no significant racial variations in access, provision of services, or outcomes in VA health care.

For example, one study that assessed racial variations in care and outcomes for VA patients with acute myocardial infarct showed no differ-

ence in mortality at 30 days, 1 year and 3 years between black patients and white patients. In addition, this investigation showed no significant racial variations in the use of non-interventional therapies or diagnostic coronary angiography.

Another study examined racial differences in postoperative outcomes for VA patients undergoing carotid endarterectomy. The results of this study showed generally low rates of postoperative death for all racial/ethnic groups. Further, no significant differences were found between black and white patients in the incidence of 30-day postoperative rates of heart attack

or stroke. Another study that examined differences in treatment processes and outcomes among minority veterans treated in specialized intensive VA programs for war-related PTSD showed no variations on most measures among black, Hispanic and white patients.

Two studies in the supplement did show differences in access and outcomes among minority patients. These findings warrant further investigation. VA is working to develop and evaluate innovative strategies to address racial and ethnic variations. These studies will continue to be an important focus for HSR&D. ■

Administrators as 'inventors'

[Tight budgets and schedules spawn creative ideas to foster research](#)

In Palo Alto, VA investigators can log onto an intranet site to complete all the administrative forms they need to launch a study. This may not seem like a big deal nowadays, especially in Silicon Valley, but this kind of web-based system is a first for VA researchers.

"It almost does away with the paper trail that drives all our offices crazy. PIs [principal investigators] are able to do things electronically, and they like that," said Michael Davey, MD, PhD, the associate chief of staff for Research at the Portland VA Medical Center. Dr. Davey reviewed the results of a survey sent last year by VA headquarters to research administrators. The administrators were asked to describe innovations at their centers that boost the effectiveness and efficiency of research. Dr. Davey presented the findings at the VA Research national meeting last fall.

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Recent publications and presentations

Below is a sampling of recent publications and presentations by VA investigators. Due to space constraints, only VA authors and affiliations are noted. Notification of upcoming publications and presentations can be faxed to (410) 962-0084 or e-mailed to researchinfo@vard.org.

“Accuracy of Computerized Outpatient Diagnoses in a Veterans Affairs General Medicine Clinic.” Herbert C. Szeto, MD, MPH; Robert K. Coleman, PharmD; Parisa Gholami, MPH; Brian B. Hoffman, MD; Mary K. Goldstein, MD, MS. **Palo Alto**. *American Journal of Managed Care*, Jan. 2002.

“Benefits of an ‘Angina Clinic’ for Patients with Coronary Artery Disease: A Demonstration of Health Status Measures as Markers of Health Care Quality.” Cynthia M. Dougherty, ARNP, PhD; Paul Nichol, MD; Mary McDonnell, MS; Stephan D. Fihn, MD, MPH. **Seattle**. *American Heart Journal*, Jan. 2002.

“Compliance Among Pharmacies in California with a Prescription-Drug Discount Program for Medicare Beneficiaries.” Joy H. Lewis, DO;

Steven M. Asch, MD, MPH. **Los Angeles**. *New England Journal of Medicine*, March 14, 2002.

“De Novo Methylation of an Embryonic Globin Gene During Normal Development is Strand-Specific and Spreads from the Proximal Transcribed Region.” Rakesh Singal, MD. **Shreveport** (La.) *Blood*, Dec. 1, 2001.

“Effect of Circumcision on Prostatic Bacterial Colonization and subsequent Bacterial Seeding Following Transrectal UltraSound-Guided Prostate Biopsies.” Frank C. Lai, MD; William A. Kennedy II, MD; Kelly Lindert, MD; Martha K. Terris, MD. **Palo Alto**. *Techniques in Urology*, Dec. 2001.

“Fetal Hippocampal CA3 Cell Grafts Transplanted to Lesioned CA3 Region of the Adult Hippocampus Exhibit Long-Term Survival in a Rat Model of Temporal Lobe Epilepsy.” Vandana Zaman, PhD; Ashkok K. Shetty, PhD. **Durham**. *Neurobiology of Disease*, Dec. 2001.

“Microarray Analysis of 7-Ketocholesterol-Induced Monocyte Differentiation.” Lewis Obermiller, PhD; John M. Hayden, PhD; Peter D. Reaven, MD. **Phoenix**. Asia Pacific Scientific Forum/42nd Annual Conference on Cardiovascular Disease Epidemiology and Prevention, Hawaii, April 2002.

Monitoring Hydration Status in Elderly Veterans.” Bonnie Wakefield, PhD, RN; Linda Diggelman, MS, MT. **Iowa City**. *Western Journal of Nursing Research*, March 2002.

“Predictors of Non-Response to Treatment in Primary Care Patients with Dysthymia.” John W. Williams Jr., MD; John E. Cornell, PhD. **San Antonio**. *General Hospital Psychiatry*, Jan. – Feb. 2002.

“Racial Differences in Physician Recommendation of Hormone Replacement Therapy.” Hayden B. Bosworth, PhD; Lori A. Bastian, MD. **Durham**. *Preventive Medicine*, Dec. 2001.

“Reliability of Biomechanical Variables During Wheelchair Ergometry Testing.” Mary M. Rodgers, PhD, PT. **Baltimore**. *VA's Journal of Rehabilitation Research and Development*, Jan./Feb. 2002.

“Response to Symptoms Among a U.S. National Probability Sample of Adults Infected with Human Immunodeficiency Virus.” Amy M. Kilbourne, PhD, MPH; Steven M. Asch, MD, MPH; Allen L. Gifford, MD; Samuel A. Bozzette, MD, PhD. **Pittsburgh** (AMK), **Los Angeles** (SMA), **San Diego** (ALG, SAB). *Medical Care Research and Review*, March 2002.

“The Shaping of Individual Meanings Assigned to Assistive Technology: A Review of Personal Factors.” Theresa Louise-Bender Pape, DrPH; Jo Kim; Brooke Weiner. **Hines** (Ill.) *Disability and Rehabilitation*, Jan. 10 – Feb. 15, 2002.

“Trials within Trials: Confirmatory Subgroup Analyses in Controlled Clinical Experiments.” Anita Deswal, MD. **Houston**. *Controlled Clinical Trials*, Dec. 2001.

“Use of Surname Matching to Identify Elderly Hispanic Makes in Combined Medicare/VA Data Files.” Robert O. Morgan, PhD; Iris W. Huang, MS. **Houston**. VA HSR&D Annual Meeting, Washington, D.C., Feb. 2002.

“When Risk is Low: Primary Care Physicians’ Counseling About HIV Prevention.” Paul Haidet, MD, MPH. **Houston**. *Patient Education and Counseling*, Jan. 2002. ■

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Administrators finding creative ways to promote quality, efficiency *(continued from page 1)*

A ccording to Dr. Davey, Palo Alto's web-based management system is likely to catch on at other sites. "So many things related to VA research start as initiatives in the field, and then VA headquarters picks up on them and tries to make them system-wide. This might be one of those things."

Of the 29 VA medical centers that responded to the survey, nearly all said their center had set up a nonprofit foundation to help support research. Since their legal inception in 1988, nonprofit research corporations (NRCs) have grown in number and financial muscle. In 2001, 84 NRCs brought in \$174 million in private donations and non-VA public funds. The largest NRCs, such as those in San Diego and San Francisco, are generating close to \$30 million each year in funding. These corporations take on a variety of tasks to promote and facilitate research: writing and administering grants; buying office and lab equipment; hiring nurses to staff clinical trials; paying for experimental medications. Several sites, such as the Baltimore VAMC, have large clinical research centers (CRCs) that are fully staffed and managed by NRCs.

"It allows the investigator who otherwise can only do two or three clinical trials, to do 10, since a lot of the legwork is done in the CRC," said Barbara West, executive director of the National Association of Veterans' Research and Education Foundations.

VA research offices are also leveraging their funding through other types of public-private partnership. In Durham, N.C., VA signed an agreement with a real estate firm to develop a \$160-million mixed-use campus on VA land, as an expansion to the existing medical

center. Research will gain 40,000 square feet of office and laboratory space from the deal. At the Central Texas Veterans Health Care System, VA is teaming with its affiliate university, Texas A&M, and a local hospital to build an \$11.5 million cardiovascular research facility.

"In the year 2002, if somebody builds a building for you, I'd call that leveraging," said Dr. Davey.

The survey showed evidence of another trend: the establishment of "core facilities." Instead of each biomedical lab at a medical center having to buy its own high-tech equipment, such as costly DNA sequencers, research services are setting up centralized resources to serve the whole campus.

"It's a waste of resources if every lab in your building is doing sequencing," said Dr. Davey. "But if a VAMC decides to buy an automated sequencing apparatus, and put it in one spot, and have one technician work it, so that every day at 10 a.m., multiple investigators could drop off their samples and come back the next morning to pick up their sequence data, that is a huge saving of time and effort."

Not all the innovations reported in the survey involve huge capital outlays, wide-ranging partnerships, or major management initiatives. Some research sites have taken relatively small but significant steps to cut costs and enhance quality. The Lexington (Ky.) VA Medical Center is saving money in its rodent labs by using a new type of caging that requires less frequent upkeep. The San Juan VA Medical Center has hired an internal auditor who spends eight hours a week check-

Funding for health-services research

HSR&D recently introduced the following solicitations:

- "Terrorism: HSR Studies Relevant to Preparation for and Response to Nuclear, Chemical, Biological, or Explosive Attacks" will focus on areas that include communications, medical response, and technical guidance after exposure or attack.

- "Translating Research into Practice," or TRIP, is a collaborative effort between HSR&D and the Agency for Healthcare Research and Quality (AHRQ) to fund projects related to translating findings into measurable improvements in quality, health care outcomes, cost, use, and access.

- A new umbrella solicitation—HSR&D 2002 Priorities—targets high-priority issues, such as access to care, pain management, and patient-centered care.

For details on these solicitations, visit www.hsr.d.research.va.gov/research/funding/solicitations/.

Information is also available on the website about the new Merit Review Entry Program, part of HSR&D's Career Development initiative. Visit www.hsr.d.research.va.gov/about/professional_development/career_scientist.

ing through investigators' files, to ensure compliance.

Said Dr. Davey, "It's a way of alerting the medical center in a friendly way if they have a compliance problem." ■

Career achievements

Teresa Wright, MD, chief of Gastroenterology and director of the Center of Excellence in Hepatitis C Research and Education at the San Francisco VA Medical Center, received the prestigious Order of the British Empire award for her “brilliant research in pioneering therapies that have saved hundreds of lives.” Prince Andrew presented the award to Dr. Wright at the British Consulate in San Francisco on Feb. 27.

P. Hunter Peckham, PhD, director of VA’s Rehabilitation Research and Development Center for Functional Electrical Stimulation (FES) in Cleveland, was elected to the National Academy of Engineering. Dr. Peckham, who also directs the Cleveland FES Center and teaches biomedical engineering at Case Western Reserve University, is noted for his work in restoring muscle function to patients paralyzed by spinal cord injury.

Raymond N. DuBois Jr., MD, PhD, of the VA Tennessee Valley Healthcare System, received the Richard and Hinda Rosenthal Foundation Award from the American Association for Cancer Research for his advances in colorectal cancer research. Dr. DuBois has made significant contributions to the understanding of the role of cyclooxygenase-2 (COX-2) in carcinogenesis.

Martha K. Terris, MD, Palo Alto, was awarded first prize in a contest sponsored by the American Urological Association and the American Geriatric Society for her essay titled “Transrectal Ultrasound Guided Prostate Biopsies in Men 70 Years of Age and Older: Clinical Outcomes Fail to Support the Need.”

R&D Hotline Conference Calls

are scheduled for
May 13, July 8 and Sept. 9,
noon – 12:50 p.m. (EST).
Dial (800) 767-1750,
code 17323

ORD on the move

The Office of Research and Development (ORD), along with two of its four services—Health Services Research and Development (HSR&D) and the Cooperative Studies Program (CSP)—has new temporary quarters in Washington, D.C. ORD, HSR&D and CSP are expected to move to a new permanent location in the nation’s capital by the end of 2002. ORD’s two other services, Rehabilitation Research and Development (RR&D) and the Medical Research Service (MRS), are remaining at their present location, 1400 I Street.

ORD, HSR&D and CSP may be contacted at the following interim numbers:

- ORD: (202) 565-8440 (main phone); (202) 565-8738 (fax)
- HSR&D: (202) 565-8808 (main phone); (202) 565-7852 (fax)
- CSP: (202) 565-7016 (Denise Shorter); (202) 565-8274 (Joe Gough); (202) 565-7812 (Steve Berkowitz); 202-565-8371 (fax).

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