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1: Academic Medicine. 2003 Jul; 78(7):882-9

Measuring physicians' productivity in a Veterans' Affairs Medical Center

Coleman DL, Moran E, Serfilippi D, Mulinski p, Rosenthal, R, Gordon B, Mogielnicki RP

The mission of the Department of Veterans Affairs includes patient care, education, research, and backup to the Department of Defense. Because the measurement of physicians' productivity must reflect both institutional goals and market forces, the authors designed a productivity model that uses measures of clinical workload and academic activities commensurate with the VA's investments in these activities. The productivity model evaluates four domains of physicians' activity: clinical work, education, research, and administration. Examples of the application of the productivity model in the evaluation of VA-paid physician-staff and in the composition of contracts for clinical services are provided. The proposed model is a relatively simple strategy for measuring a broad range of the work of academic physicians in VA medical centers. The model provides incentives for documentation of resident supervision and participation in administrative activities required for effective and efficient clinical care. In addition, the model can aid in determining resource distribution among clinical services and permits comparison with non-VA health care systems. A strategy for modifying the model to incorporate measures of quality of clinical care, research, education, and administration is proposed. The model has been a useful part of the process to ensure the optimum use of resources and to meet clinical and academic institutional goals. The activities and accomplishments used to define physician productivity will have a substantial influence on the character of the medical profession, the vitality of medical education and research, and the cost and quality of health care.

2: Addict Behav. 2003 Aug;28(6):1183-92.

The influence of distance on utilization of outpatient mental health aftercare following inpatient substance abuse treatment.

Schmitt SK, Phibbs CS, Piette JD.

This study examined whether substance abuse patients who live farther from their source of outpatient mental health care were less likely to obtain aftercare following an inpatient treatment episode. For those patients who did receive aftercare, distance was evaluated as a predictor of the volume of care received. A national sample of 33,952 veterans discharged from Department of Veterans Affairs (VA) inpatient substance abuse treatment programs was analyzed using a two-part choice model utilizing logistic and linear regression. Patients living farther from their source of outpatient

mental health care were less likely to obtain aftercare following inpatient substance abuse treatment. Patients who traveled 10 miles or less were 2.6 times more likely to obtain aftercare than those who traveled more than 50 miles. Only 40% of patients who lived more than 25 miles from the nearest aftercare facility obtained any aftercare services. Patients who received aftercare services had fewer visits if they lived farther from their source of aftercare. Lack of geographic access (distance) is a barrier to outpatient mental health care following inpatient substance abuse treatment, and influences the volume of care received once the decision to obtain aftercare is made. Aftercare services must be geographically accessible to ensure satisfactory utilization.

PMID: 12834661

3: Adm Policy Ment Health. 2003 May;30(5):417-36.

Models of standard and intensive outpatient care in substance abuse and psychiatric treatment.

Timko C, Sempel JM, Moos RH.

Intensive outpatient mental health programs are proliferating rapidly. However, findings suggest that intensive treatment may be no more effective than standard treatment. This study compared standard to intensive outpatient programs, within both the psychiatric and substance abuse systems of care, on organization, staffing, and treatment orientation; clinical management practices; and services. A total of 723 (95% of those eligible) Department of Veterans Affairs programs were surveyed nationwide. Psychiatric intensive programs have responded appropriately to their more severely ill patients in terms of the amount and orientation of care, and having a rehabilitation focus. However, the relative lack of basic psychiatric services in psychiatric intensive programs, and the overall similarity of substance abuse standard and intensive programs, may explain why intensive programs have not yielded patient outcomes that are superior to those of standard programs. Mental health system planners should consider differentiating intensive programs using broader criteria and methods.

PMID: 12940684

4: Adv Skin Wound Care. 2003 Jul-Aug;16(4):190-7.

Pressure ulcer research funding in America: creation and analysis of an on-line database.

Zanca JM, Brienza DM, Berlowitz D, Bennett RG, Lyder CH; National Pressure Ulcer

Advisory Panel.

OBJECTIVE: To systematically collect information on active research grants to characterize pressure ulcer research funding in the United States and to identify potential targets for future research and funding initiatives. DESIGN A descriptive study. MAIN RESULTS: The investigators identified 32 grants, representing 16,444,117 US dollars in research funding. The majority of this funding came from federal sources, including the National Institutes of Health (90%), the Department of Veterans Affairs (7%), the National Institute on

Disability and Rehabilitation Research (2%), and the Agency for Healthcare Research and Quality (1%). One quarter of pressure ulcer research grants related to quality improvement. Additional topic areas included risk factors or risk assessment tools (19%), adjunctive therapy (16%), mobilization (13%), and pressure management in foot care for patients with diabetes mellitus (9%). Further grants were in the areas of incidence, assessing tissue damage or healing, support surfaces, dressings and topical agents, nutrition, economic evaluation, and pain. CONCLUSION: The investment in pressure ulcer research is minute compared with pressure ulcer treatment expenditures. Policy makers are urged to encourage increased federal and foundation funding for research concerning pressure ulcers. Researchers are also encouraged to develop well-designed proposals to obtain available research funding. Additional research is needed in the areas of pressure ulcer incidence and prevalence, support surface design and use, pain, operative treatment, economic impact, and education strategies for caregivers and patients.

PMID: 12897675

5: Control Clin Trials. 2003 Oct;24(5):570-84.

Promoting good clinical practices in the conduct of clinical trials: experiences in the department of veterans affairs cooperative studies program.

Sather MR, Raisch DW, Haakenson CM, Buckelew JM, Feussner JR.

The ever-increasing concern for the welfare of volunteers participating in clinical trials and for the integrity of the data derived from those trials has generated the concept of Good Clinical Practice (GCP). The Veterans Affairs Cooperative Studies Program, in anticipation of the need to comply with GCP guidelines, developed a Site Monitoring and Review Team (SMART), which consists of a Good Clinical Practice Monitoring Group and a Good Clinical Practice Review Group. The review group conducted 335 site reviews from fiscal years (FY) 1999 through 2001 to assess and encourage adherence to GCP. Data from reviews were compared for two time periods, a 2-year implementation period (FYs 1999/2000, n=204) and a continuing follow-up period (FY 2001, n=131). Overall, high GCP adherence was exhibited by 11.3% (n=23) of study sites in FY 1999/2000 versus 20.6% (n=27) in FY 2001, average to good adherence was exhibited by 84.3% (n=172) in FY 1999/2000 versus 77.0% (n=101) in FY 2001, and below average adherence was exhibited by 4.4% (n=9) versus 1.5% (n=3) in these two periods. These changes were statistically significant by chi square analysis (p=0.029).

Moreover, GCP adherence was assessed within eight GCP focus areas: patient

informed consent, protocol adherence, safety monitoring, institutional review board interactions, regulatory document management, patient records in investigator file, drug/device accountability, and general site operations.

Median assessment scores for all 62 GCP review elements improved from 0.82 to 0.89 (p<0.001). Median assessment scores for the 14 selected critical GCP items improved from 0.78 to 0.89 (p<0.001). Median scores for five of the eight GCP focus areas improved significantly (p<0.001) between the two time periods. These data suggest that the site-oriented activities of SMART combined with centralized quality assurance activities of the

coordinating centers represent an integrated, versatile program to promote and assure GCP adherence and data integrity in Cooperative Studies Program trials.

PMID: 14500054

6: Int J Radiat Oncol Biol Phys. 2003 Sep 1;57(1):29-32.

A comparison of CT scan to transrectal ultrasound-measured prostate volume in untreated prostate cancer.

Hoffelt SC, Marshall LM, Garzotto M, Hung A, Holland J, Beer TM.

PURPOSE: To compare CT and transrectal ultrasound (TRUS)-measured prostate volumes in patients with untreated prostate cancer. **METHODS AND MATERIALS:** Between 1995 and 1999, 48 consecutive patients at the Portland Veterans Affairs Medical Center were treated with external beam radiotherapy. In 36 of these patients, TRUS and CT measurements of the prostate volume were obtained before treatment and <6 months apart. The TRUS volume was calculated using the prolate ellipsoid formula. The CT volume was calculated from the contours of the prostate drawn by one physician, who was unaware of the TRUS volume calculation, on axial CT images. **RESULTS:** The TRUS and CT prostate volume measurements correlated strongly (Pearson's correlation coefficient = 0.925, 95% confidence interval 0.856-0.961, $p < 0.0001$). The CT volume was consistently larger than the TRUS volume by a factor of approximately 1.5. In men with a TRUS prostate volume less than the median (<28 cm³), the CT/TRUS volume ratio was 1.7, and it was 1.4 for men whose volume was greater than the median. The CT volumes were correlated similarly with the TRUS volumes regardless of the CT slice interval. **CONCLUSION:** A strong correlation was found between CT scan and TRUS measurement of the prostate volume; however, CT consistently overestimated the prostate volume by approximately 50% compared with TRUS.

PMID: 12909212

7: J Am Geriatr Soc. 2003 Sep;51(9):1270-4

Health professionals' views on standards for decision-making capacity regarding refusal of medical treatment in mild Alzheimer's disease.

Volicer L, Ganzini L.

This study was designed to determine which elements professionals consider important for evaluation of decision-making capacity. Survey with a vignette case report of an individual with mild dementia was mailed to four groups of individuals: 1. members of the Academy of Psychosomatic Medicine, 2. chairs of Veterans Affairs (VA) Ethics Advisory Committees (EACs), 3. randomly selected geriatricians who were members of the Gerontological Society of America (GSA), and 4. randomly selected psychologists who were members of the GSA. Two hundred thirty-seven psychiatrists, 95 VA EAC chairs, 103 geriatricians, and 46 psychologists responded to this survey. The majority of the respondents endorsed all five basic elements as necessary for determination of decision-making capacity in the presented vignette, but only a minority of respondents endorsed all five basic elements, and a small proportion of respondents endorsed only one or two elements. The results

indicate that physicians do not use uniform standards for assessment of decision-making capacity.

PMID: 12919240

8: J Am Soc Nephrol. 2003 Sep;14(9):2313-21.

Randomized controlled trial of clopidogrel plus aspirin to prevent hemodialysis access graft thrombosis.

Kaufman JS, O'Connor TZ, Zhang JH, Cronin RE, Fiore LD, Ganz MB, Goldfarb DS,

Peduzzi PN; The Veterans Affairs Cooperative Study Group on Hemodialysis Access

Graft Thrombosis.

Thrombosis of hemodialysis vascular access grafts represents a major medical and economic burden. Experimental and clinical models suggest a role for antiplatelet agents in the prevention of thrombosis. The study was designed to determine the efficacy of the combination of aspirin and clopidogrel in the prevention of graft thrombosis. The study was a randomized, double-blind trial conducted at 30 hemodialysis units at Veterans Affairs medical centers. Participants undergoing hemodialysis with a polytetrafluoroethylene graft in the arm were randomized to receive either double placebos or aspirin (325 mg) and clopidogrel (75 mg) daily. Participants were to be monitored while receiving study medications for a minimum of 2 yr. The study was stopped after randomization of 200 participants, as recommended by the Data Safety and Monitoring Board because of a significantly increased risk of bleeding among the participants receiving aspirin and clopidogrel therapy. The cumulative incidence of bleeding events was significantly greater for those participants, compared with participants receiving placebos [hazard ratio, 1.98; 95% confidence interval (CI), 1.19 to 3.28; $P = 0.007$]. Twenty-three participants in the placebo group and 44 participants in the active treatment group experienced a bleeding event ($P = 0.006$). There was no significant benefit of active treatment in the prevention of thrombosis (hazard ratio, 0.81; 95% CI, 0.47 to 1.40; $P = 0.45$), although there was a trend toward a benefit among participants who had not experienced previous graft thrombosis (hazard ratio, 0.52; 95% CI, 0.22 to 1.26; $P = 0.14$). In the hemodialysis population, therapy with aspirin and clopidogrel was associated with a significantly increased risk of bleeding and probably would not result in a reduced frequency of graft thrombosis.

PMID: 12937308

9: J Urol. 2003 Sep;170(3):905-8.

Sociodemographic and clinical risk characteristics of patients with prostate cancer within the Veterans Affairs health care system: data from CaPSURE.

Cooperberg MR, Lubeck DP, Penson DF, Mehta SS, Carroll PR, Kane CJ.

PURPOSE: Veterans Affairs (VA) health care system investigators perform large clinical trials in prostate cancer treatment but potential differences between VA and other patient cohorts have not been explored systematically.

MATERIALS AND METHODS: Cancer of the Prostate Strategic Urologic

Research Endeavor is an ongoing observational database of men with prostate cancer, comprising 7,202 patients treated at 35 sites across the United States. Three sites that together contribute 241 patients are VA medical centers. Demographic and clinical characteristics were compared between all VA and nonVA patients in the database and a multivariate model was used to explore the interactions between ethnicity and VA status for predicting clinical characteristics. RESULTS: VA patients were 4 times as likely as nonVA patients to be black. They had lower income, less education and more co-morbidity at presentation (all comparisons $p < 0.0001$). VA patients had higher risk disease. Mean serum prostate specific antigen at diagnosis was 20.1 vs 15.3 ng/ml for nonVA patients ($p = 0.003$). Mean Gleason score was 6.4 for VA patients vs 6.0 for nonVA patients ($p < 0.0001$). Differing ethnic distributions explained the differences in prostate specific antigen between VA and nonVA patients. However, VA status, socioeconomic level and ethnicity independently predicted Gleason score. VA patients were more likely to undergo watchful waiting or primary hormonal therapy and less likely to receive definitive local treatment ($p < 0.0001$). CONCLUSIONS: Significant sociodemographic and clinical differences exist between VA and nonVA patients, which should be borne in mind when extrapolating the results of VA clinical trials to the general population. These observations require validation in larger patient cohorts. PMID: 12913727

10: Mil Med. 2003 Aug;168(8):662-70.

Time, gender, and regional trends in the application for service-related post-traumatic stress disorder disability benefits, 1980-1998.

Murdoch M, Nelson DB, Fortier L.

OBJECTIVES: The aim of this study was to describe time trends in the application and approval rates for Veterans Affairs post-traumatic stress disorder (PTSD) disability benefits and identify gender or regional differences in such rates after controlling for other available predictors. METHODS: This was an administrative, historical cohort study of all 180,039 veterans who filed PTSD disability claims between 1980 and 1998. RESULTS: Applications for PTSD disability benefits increased geometrically between 1985 and 1998. Observed claim approval rates for PTSD disability benefits were twice as high for combat-injured men and women than for uninjured men and women. Among uninjured veterans, women serving after the Vietnam conflict had higher estimated claim approval rates than did comparable men, and estimated claim approval rates varied twofold across regions.

CONCLUSIONS: Instead of a gender bias in claim approval rates for PTSD disability benefits, there may be a "combat injury bias" that disproportionately affects women. Research is needed to understand why claim approval rates vary by region.

PMID: 12943044

11: Mil Med. 2003 Aug;168(8):654-61.

Women in the Gulf War: combat experience, exposures, and subsequent health care use.

Carney CP, Sampson TR, Voelker M, Woolson R, Thorne P, Doebbeling BN. The expanding role of women in the military raises questions related to the military experiences of women serving in major conflicts. We assess the military experiences and postwar health care use of women who served during the Gulf War. Data from a population-based survey of military personnel serving between August 1990 and July 1991 assessing military preparedness, combat experience, occupational and other service-related exposures, and health care use were analyzed. Deployed women were more often in the Army, single, without children, college educated, and reported fewer vaccinations. Deployed men and women had similar military experiences; however, men more often participated in combat. Deployed women had more outpatient and inpatient health care use 5 years after deployment and more often received Department of Veterans Affairs compensation than men. If these important differences in exposures and health care use are confirmed in other studies, optimal training and deployment preparedness strategies should be reconsidered.
PMID: 12943043

12: N Engl J Med. 2003 Sep 11;349(11):1093; author reply 1093.
Comment on:

N Engl J Med. 2003 May 29;348(22):2209-17.
Use of angiography in the Veterans Affairs health care system and Medicare.
Loeb HS.
PMID: 12968101

13: N Engl J Med. 2003 Sep 11;349(11):1093-4; author reply 1093-4.
Comment on:

N Engl J Med. 2003 May 29;348(22):2218-27.
The quality of care in the Veterans Affairs health care system.
Arsura EL, Lewis M.
PMID: 12968100

14: Pharmacotherapy. 2003 Aug;23(8):1037-43.

Comparative study of the development of diabetes mellitus in patients taking risperidone and olanzapine.

Fuller MA, Shermock KM, Secic M, Grogg AL.

OBJECTIVES: A growing body of literature suggests that certain atypical antipsychotics, especially olanzapine and clozapine, may induce glucoregulatory dysfunction. We assessed the differences in risk of developing diabetes mellitus during treatment with olanzapine and risperidone by using patients treated with haloperidol and fluphenazine as control subjects in whom we would not expect to see an increased risk. METHODS: We conducted a retrospective analysis of the Veteran's Integrated Service Network 10 Veterans Affairs (VA) database. Data for patients receiving olanzapine, risperidone, haloperidol, or fluphenazine from January 1, 1997-December 31, 2000, were included. Diabetes was defined as any health system encounter associated with the International Classification of Diseases, Ninth Revision, Clinical Modification diagnosis for diabetes (250.xx) or prescription for a hypoglycemic agent. Data of patients with markers for diabetes within 1 year before

their index date, female patients, racial groups other than Caucasian or African-American, and patients receiving clozapine were not analyzed. We performed a Cox regression, with antipsychotic therapy as a time-dependent covariate. Other covariates considered for inclusion in the final model were number of days supply of antipsychotic drug, age, race, psychiatric diagnoses, substance abuse, lithium, valproic acid, and other typical or atypical antipsychotic agents. RESULTS: Data for 5837 patients were analyzed. Overall rate of developing diabetes in the study population was 6.3% (368 of 5837 patients). Olanzapine therapy was associated with a significantly higher risk of development of diabetes compared with risperidone (hazard ratio [HR] 1.37, 95% confidence interval 1.06-1.76, p=0.016) while controlling for race, age, diagnosis, substance abuse, lithium, valproic acid, and other atypical antipsychotic agents. No differences in the rate of developing diabetes were detected between fluphenazine and risperidone (HR 1.11, p=0.69), or haloperidol and risperidone (HR 0.89, p=0.41). CONCLUSIONS: Olanzapine was associated with a 37% (HR 1.37) increased risk of development of diabetes compared with risperidone in a VA population, even after adjusting for other factors associated with the development of diabetes and temporal exposure to study drug. Because of limitations associated with database research, prospective studies should be conducted to corroborate these findings.
PMID: 12921249