

Spring/Summer 2017



## **Our Mission**

**To enhance patient engagement in and  
provider use of evidence-based practices  
for Veterans with chronic disease**

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**Director:** Steven Fu, MD, MSCE    **Deputy Director:** Nina A. Sayer, PhD

**Associate Directors:** Melissa Partin, PhD and Brent Taylor, PhD

## CCDOR Highlights

- **Dr. Erin Krebs's** research from her SPACE study was selected as the Friday Abstract-of-the-Day at the 2017 SGIM National Meeting! Dr. Krebs and her team found that opioid therapy is not superior to non-opioid medication therapy in a 12-month period. She presented her findings at the Plenary Session which received rave reviews on social media!
- **Dr. Elisheva Danan** was a finalist for the 2017 SGIM Hamolsky award for leading the recent ESP review, "An Evidence Map of the Women Veterans' Health Research Literature (2008-2015)." Hamolsky Awards are given to the three most highly-rated presentations made at SGIM National Meeting whose first author is a junior faculty member. Finalists presented during the Award Finalist Session.
- **Drs. Hildi Hagedorn and Laura Meis** were awarded HSR&D Investigator-Initiated Research (IIR) grants in the last cycle. Dr. Hagedorn and her team will test whether enhancing ongoing opioid agonist therapy implementation efforts with intensive external facilitation can speed implementation compared to national implementation efforts in low-adopting facilities. Dr. Meis will evaluate the effectiveness of family support as a tool to improve Veterans' adherence to Prolonged Exposure, an evidence-based PTSD treatment.
- **Dr. Princess Osei-Bonsu** will serve as co-investigator for the recently funded QUERI/Office of Patient Centered Care and Cultural Transformation (OPCC&CT) Complementary and Integrative Health Evaluation Center (CIHEC). With CIH gaining momentum in VA, the CIHEC team, led by Drs. Stephanie Taylor (GLA) and Rani Elwy (Boston), will conduct a suite of four studies to evaluate CIH availability and effectiveness, assess Veteran preferences for CIH and enhance CIH implementation.

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## Calendar

- Minneapolis VAHCS Research Day—May 3
- Journal Club (presenter: Dr. Erika Pinsker)—May 4
- Memorial Day—May 29
- Journal Club (presenter: Dr. Brent Taylor)—June 1
- Independence Day—Jul 4
- Labor Day—Sep 4

## VHA Lung Cancer Screening Demonstration Trial

In response to the National Cancer Institute's National Lung Cancer Screening (LCS) Trial and in anticipation of new US Preventative Services Task Force LCS guidelines, the VA National Center for Health Promotion and Disease Prevention (NCP) initiated the VHA LCS Demonstration Project. The Minneapolis VA was among the 8 VAs selected for this project. The project was led by the Minneapolis VA Pulmonology Division (Dr. Kathryn Rice, **Dr. Anne Melzer**, and Angela Fabbri), with an evaluation led by CCDOR's Director, **Dr. Steve Fu**. Other CCDOR players included **Drs. Melissa Partin, Sarah Lillie, and David Nelson, Ann Bangerter, Barbara Clothier, Elizabeth Dorro, and Abby Klein**. CCDOR investigators worked closely with the LCS Program to identify eligible Veterans and col-

lect three waves of survey and clinical data. They sought to study the following: the effect of LCS invitation and screening on smoking cessation; factors Veterans consider in their LCS decision making; whether smokers see negative LCS results as a 'pass' to continue smoking; individual differences in LCS; Veterans' satisfaction with their LCS; adherence to future LCS; and the effect of LCS on lung cancer risk perceptions.

The Demonstration Project has led to several manuscripts including Dr. Lillie's and colleagues' paper on factors that patients consider when making LCS decisions. They found that personal risk of lung cancer was the number one factor considered by patients in LCS decision-making while health risks from screening was the least

## LCS Demonstration Trial cont'd

considered factor. Other papers investigating demographic variation in smokers' attitudes about continued smoking following a normal lung cancer screen and the role of cognitive closure in individual differences in LCS are under review. For more information about the LCS Demonstration Project, visit <https://www.research.va.gov/currents/0417-lungcancer.cfm>. Details about the implementation of LCS in VHA are also outlined in the 2017 JAMA Internal Medicine paper authored by Dr. Linda Kinsinger and colleagues.

Beyond the Demonstration Project, the Minneapolis VA will continue to be a central player in LCS for Veterans. VA medical centers, initially within VISN 23 and then across the nation, will implement the Minneapolis LCS tracking system. CCDOR will continue its collaboration with the local LCS Program, particularly with regard to studying pa-

tient smoking cessation, lung nodule identification and tracking, and incidental findings. In addition, Dr. Melzer and CCDOR colleagues were recently awarded a VHA Spark-Seed-Spread Innovation Funding Program grant to 1) develop a multifaceted and multidisciplinary toolkit to cover all aspects of LCS and lung nodule tracking including information for patients including tailored to different possible outcomes as a patient progresses through screening/tracking, 2) make this toolkit available in an easily accessible web format, and 3) spread the toolkit nationally.



## ESP Reports

CCDOR investigators developed several new evidence synthesis reports through the Evidence-based Synthesis Program. **Dr. Thomas Rector** and the Minneapolis VA ESP team conducted a review of Life Expectancy Calculators with the primary purpose of updating the search on life expectancy calculators, with focus on calculators that may be valuable for use in the VHA primary care population. The review yielded 8 mortality prediction models in the literature from 2011 to 2016. The team found that the models were developed for various purposes including helping primary care teams assess short-term risk of hospitalization or death without hospitalization, and were generally well-calibrated to test samples with what appear to be insubstantial differences between observed and predicted mortality. Report available at <https://www.hsrd.research.va.gov/publications/esp/LifeExpectancy.cfm>.

Led by **Dr. Elisheva Danan**, the Minneapolis VA ESP team created, "An Evidence Map of the Women Veterans' Health Research Literature (2008-2015)." The evidence map included a broad overview of the growth and depth of research on the health and healthcare for women Veterans. Results showed that most of the literature was related to mental health or medical conditions, the great majority of studies were observational design, and there has been dramatic growth in publications on access to care and rural health, post-deployment health, reproductive health, and

mental health in women Veterans. The report highlighted several future directions in women Veterans' research including engaging this population in research and in-depth reviews on certain topics (e.g., primary care for racial/ethnic or sexual/gender minority women Veterans). Dr. Danan presented the results for the February 13, 2017 VA HSR&D Cyberseminar: [https://www.hsrd.research.va.gov/for\\_researchers/cyber\\_seminars/archives/video\\_archive.cfm?SessionID=1265](https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1265).

Finally **Dr. Erin Koffel** was a co-investigator for the "Comparative Effectiveness, Harms, and Cost of Care Models for the Evaluation and Treatment of Obstructive Sleep Apnea" which systematically reviewed the evidence regarding the comparative effectiveness, harms, and cost of new models of obstructive sleep apnea (OSA) evaluation and treatment. New models include home sleep testing (HST) for diagnosis (reducing need for in-lab polysomnogram (PSG)) combined with treatment with an autotitrating CPAP device and follow up services with a sleep specialist physician (SSP), or use of non-SSPs such as nurses or primary care physicians to provide the bulk of OSA diagnosis and treatment. The review had several findings including that autotitrated and fixed pressure CPAP devices have similar outcomes and that non-SSPs may have similar outcomes to SSPs. For the full report, visit <https://www.hsrd.research.va.gov/publications/esp/sleepapnea.cfm>.

## Featured Research

### Cost of TBI and Co-Occurring PTSD

**Dr. Shannon Kehle-Forbes's** research on the cost of comorbid traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD) is featured in VA HSR&D's *Spotlight: Traumatic Brain Injury Research*. Dr. Kehle-Forbes led an investigation to examine whether TBI is associated with increased outpatient service utilization and costs among OEF/OIF/OND Veterans with PTSD who used VA healthcare in FY12. Dr. Kehle-Forbes and her team also investigated patterns of service use and costs to inform policy and planning, and explored types of services that were used more frequently among Veterans with co-occurring PTSD and TBI compared to Veterans with either PTSD or TBI alone.

The research team used VA administrative data to identify all OEF/OIF/OND Veterans who utilized VA services (outpatient, inpatient, or pharmacy) from October 1, 2011 to September 30, 2012, and who had a diagnosis of PTSD or TBI. Results showed that Veterans with comorbid PTSD/TBI group had significantly more total outpatient appointments than Veterans with PTSD alone, indicating that TBI on top of PTSD increases healthcare utilization among Veterans. These results may be informative to policymakers for determining staffing and resource allocation that will best meet the needs of this high-priority group of Veterans. The HSR&D April 2017 spotlight can be found at [https://](https://www.hsrd.research.va.gov/news/feature/tbi0417.cfm)

[www.hsrd.research.va.gov/news/feature/tbi0417.cfm](https://www.hsrd.research.va.gov/news/feature/tbi0417.cfm).

### ADaPT-PC

**Dr. Hildi Hagedorn** was the PI for a QUERI Service-Directed Project titled "Alcohol Use Disorder Pharmacotherapy and Treatment in Primary Care (ADaPT-PC)" which aimed to increase access to evidence-based pharmacological interventions for alcohol use disorders in Primary Care clinics in three VA medical centers. The study employed a multi-faceted implementation strategy that included local champions, primary care provider education and support through educational materials and a personalized case finding and management tool, and social marketing targeted to Veterans through a mailed brochure. Findings showed that during the implementation period, the percent of primary care patients receiving AUD pharmacotherapy rose from 3.8% to 5.2%, with one site showing a statistically significant increase. A formative evaluation revealed that provider attitudes (e.g., patients are complex and need specialty services) and organizational barriers (e.g., competing demands within primary care) were potential challenges to the goal of this study. Future directions for Dr. Hagedorn and her team include monitoring prescribing rates for an additional 12 months to assess whether rates continue to increase and examining post-implementation provider interviews for changes in perceived barriers (e.g. more confidence in managing AUD).

## Clinical Impact: Clinical Practice Guideline for Pain

**Dr. Tim Wilt** serves on the Clinical Practice Guideline Committee for the American College of Physicians (ACP). Dr. Wilt and colleagues developed the guideline for noninvasive treatment of low back pain which was published in the April 2017 issue of *Annals of Internal Medicine*.

Using the ACP grading system, the Committee based their recommendations on a systematic review that was published through April 2015 and updated in November 2016 on randomized, controlled trials and systematic reviews on noninvasive pharmacologic and nonpharmacologic treatments for low back pain. The Committee recommends that clinicians and patients should 1) *select non-pharmacologic treatment with superficial heat, massage, acupuncture, or spinal manipulation given that most patients with acute and subacute low back pain improve over time*; 2) *initially select nonpharmacologic treatment with*

*exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation to treat chronic low back pain; and 3) consider pharmacologic treatment with nonsteroidal anti-inflammatory drugs as first-line therapy, or tramadol or duloxetine as second-line therapy if treatments above have not been successful*. In light of the National Opioid Safety Initiative, the Committee also highlights in the 3rd recommendation that opioid therapy should only be used for patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients.

## Selected CCDOR Publications

- Lillie SE, Fu SS, Fabbrini AE, Rice KL, Clothier B, Nelson DB, Doro EA, Moughrabieh MA, Partin MR. What factors do patients consider most important in making lung cancer screening decisions? Findings from a demonstration project conducted in the Veterans Health Administration. *Lung Cancer*. 2017;104:38-44.
- Kehle-Forbes SM, Campbell EH, Taylor BC, Scholten J, Sayer N. Does Co-Occurring Traumatic Brain Injury Affect VHA Outpatient Health Service Utilization and Associated Costs Among Veterans With Posttraumatic Stress Disorder? An Examination Based on VHA Administrative Data. *The Journal of Head Trauma Rehabilitation*. 2017;32(1):E16-23.
- Hagedorn HJ, Brown R, Dawes M, Dieperink E, Myrick DH, Oliva EM, Wagner TH, Wisdom JP, Harris AH. Enhancing access to alcohol use disorder pharmacotherapy and treatment in primary care settings: ADaPT-PC. *Implementation Science*. 2016;11(1):64.
- Qaseem A, Wilt TJ, McLean RM, Forcica MA. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain*. *Annals of Internal Medicine*. 2017;166(7):514-30.
- Belanger HG, Vanderploeg RD, Sayer N. Screening for remote history of mild traumatic brain injury in VHA: a critical literature review. *The Journal of head trauma rehabilitation*. 2016;31(3):204-14.
- Brasure M, Fuchs E, MacDonald R, Nelson VA, Koffel E, Olson CM, Khawaja IS, Diem S, Carlyle M, Wilt TJ, Ouellette J. Psychological and Behavioral Interventions for Managing Insomnia Disorder: An Evidence Report for a Clinical Practice Guideline by the American College of Physicians. *Psychological and Behavioral Interventions for Managing Insomnia Disorder*. *Annals of internal medicine*. 2016;165(2):113-24.
- Burgess DJ, Beach MC, Saha S. Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. *Patient Education and Counseling*. 2017;100(2):372-6.
- Ensrud KE, Lui LY, Paudel ML, Schousboe JT, Kats AM, Cauley JA, McCulloch CE, Yaffe K, Cawthon PM, Hillier TA, Taylor BC. Effects of Mobility and Cognition on Hospitalization and Inpatient Days in Women in Late Life. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*. 2016.
- Partin MR, Lillie SE, White KM, Wilt TJ, Chrouser KL, Taylor BC, Burgess DJ. Similar perspectives on prostate cancer screening value and new guidelines across patient demographic and PSA level subgroups: A qualitative study. *Health Expectations*. 2016.
- Eliacin J, Coffing JM, Matthias MS, Burgess DJ, Bair MJ, Rollins AL. The Relationship Between Race, Patient Activation, and Working Alliance: Implications for Patient Engagement in Mental Health Care. *Administration and Policy in Mental Health and Mental Health Services Research*. 2016;1-7.
- Duan-Porter W, Hastings SN, Neelon B, Van Houtven CH. Control beliefs and risk for 4-year mortality in older adults: a prospective cohort study. *BMC Geriatrics*. 2017;17(1):13.
- Murdoch M, Spont MR, Kehle-Forbes SM, Harwood EM, Sayer NA, Clothier BA, Bangerter AK. Persistent Serious Mental Illness Among Former Applicants for VA PTSD Disability Benefits and Long-Term Outcomes: Symptoms, Functioning, and Employment. *Journal of Traumatic Stress*. 2017;30(1):36-44.
- Melzer AC, Ghassemieh BJ, Gillespie SE, Lindenauer PK, McBurnie MA, Mularski RA, Naureckas ET, Vollmer WM, Au DH. Patient characteristics associated with poor inhaler technique among a cohort of patients with COPD. *Respiratory Medicine*. 2017;123:124-30.
- Erbes CR, Kramer M, Arbisi PA, DeGarmo D, Polusny MA. Characterizing spouse/partner depression and alcohol problems over the course of military deployment. *Journal of consulting and clinical psychology*. 2017;85(4):297-308.
- Greer N, Sayer N, Koeller E, Velasquez T, Wilt TJ. Outcomes Associated With Blast Versus Nonblast-Related Traumatic Brain Injury in US Military Service Members and Veterans: A Systematic Review. *The Journal of Head Trauma Rehabilitation*. 2017.
- Dahm P, Ilic D, Wilt T. Similar prostate cancer and all-cause mortality in men with localised prostate cancer undergoing surgery or radiation therapy versus active monitoring at 10 years of follow-up. *Evidence-Based Medicine*. 2017.
- Goldsmith ES, Krebs EE. Roles of Physicians and Health Care Systems in "Difficult" Clinical Encounters. *AMA Journal of Ethics*. 2017;19(4):381.
- Shaukat A. Another Go Around for Aspirin: The Gut Is the Heart of the Matter this Time. *The American Journal of Gastroenterology*. 2017.

## Center for Chronic Disease Outcomes Research (CCDOR)

**Director:** Steven Fu, M.D., M.S.C.E.

CCDOR was founded in 1998 and currently employs 24 core MD and PhD Investigators and over 30 Research and Administrative Support Staff. It supports over 70 funded studies and several research training programs for post-doctoral level Investigators.

### **Center of Innovation**

In 2013, CCDOR became a VA Center of Innovation (COIN). The COIN program rewards research innovations and partnerships to ensure that research has the greatest possible impact on VHA policies, healthcare practices, and health outcomes for Veterans. COINs emphasize detailed strategic planning and collaboration in one or more focused areas of research, partnerships with VA clinical and/or operations leaders, and accelerated movement toward implementation and impact.

### **CCDOR's Focused Areas of Research**

- Evidence-based therapies for PTSD
- Cancer prevention and screening (tobacco use, colorectal, prostate)
- Chronic pain

### **Partner Offices**

- The Office of Mental Health Operations/The Office of Mental Health Services
- The National Center for PTSD
- VA Primary Care Program Office
- VA Midwest Health Care Network, VISN 23
- National Center for Health Promotion and Disease Prevention (NCP)
- VHA Pain Management (Program Office)

### **For More Information**

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