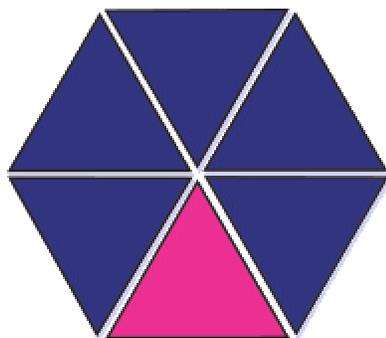


**VISN 23
MINNEAPOLIS VA MEDICAL CENTER**



**Center for Chronic Disease Outcomes Research
(CCDOR)**

A VA Health Services Research & Development
Center of Excellence

**STRATEGIC PLAN
2004-2008**

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Center for Chronic Disease Outcomes Research

Mission

To enhance through research, education, and dissemination activities, the delivery and accessibility of high quality cost-effective health care that will result in optimal clinical, psychosocial, and functional outcomes for veterans with chronic disease

Vision

Excellence in research that matters to veterans' health

Values

Research that makes a difference
Methodological excellence
Ethical Conduct of Research
Individual professional growth and development
Teamwork and collaboration
Mutual respect
Accountability
Creativity

Guiding Principles

- Strength across the spectrum of research and diversity of disciplines are integral components of success.
- Growth areas must be tailored to the priorities of our primary funding agency, VA HSR&D.
- Individual talent and passion are the cornerstones for success.
- All high quality, methodologically rigorous, relevant research within the spheres of clinical epidemiology, outcomes, and health services research are equally valued.
- Collaboration can make us MORE than the sum of our parts.
- We continually strive to promote both strategic and focused growth as well as creativity and innovation.

I. Executive Summary As detailed in the accompanying progress summary, our first five years have been spent developing an infrastructure and organizational culture, creating a shared vision, hiring key personnel, and refining our research agenda and identity. We now believe that we are well-positioned to enter a phase of sustained growth and productivity that will establish our Center as a jewel in VAs research crown.

One of our particular strengths lies in our ability to span the research spectrum from developing the evidence base for clinical practice to determining how best to translate that evidence into clinical practice. We have clinical research expertise (in observational epidemiology, clinical trials, and evidence synthesis) as well as expertise in developing and testing theory-based interventions for translating research evidence (i.e., “clinical best practices”) into the clinical sphere. We believe that interaction between these two “sides of the house” -- clinical research and health services research -- is tremendously beneficial for both research enterprises. For example, the methodologic expertise and practical experience we have gained in conducting multicenter clinical efficacy trials has been invaluable in our ability to successfully design and implement multicenter translation trials.

Theme and Areas of Focus

The overarching theme of the Center’s research is: Improving the Quality of Chronic Disease Care and our primary area of research inquiry, on the HSR “side of the house”, is: Understanding and improving provider, patient, and system level factors and interactions to enhance the quality of and access to care. Our major focus areas are:

- **Population** – disadvantaged and stigmatized populations
- **Disease** – cancer (colon, prostate), mental health (substance abuse, including tobacco, post-traumatic stress disorder), cardiovascular (abdominal aortic aneurysm and ischemic heart disease), vaccine-preventable disease, osteoporosis, and skin disease
- **Methodology** – intervention development and testing; multicenter clinical trials; evidence synthesis, surveys

Rationale for Center Theme and Areas of Focus

Rationale for focus on quality and translation. As stated in the IOM’s *Crossing the Quality Chasm* report, “scientific knowledge about best care is not applied systematically or expeditiously to clinical practice. It now takes an average of 17 years for new knowledge generated by randomized controlled trials to be incorporated into practice, and even then application is highly uneven” (page 5). Although VA has been a leader in bridging this quality chasm, this remains a high priority area for VA.

Rationale for focus on disadvantaged and stigmatized populations. VA has a profound commitment to equal access and quality of care for all veterans; understanding and minimizing the documented racial and ethnic disparities in health care is thus a VA HSR&D priority. Unfortunately, there is extensive evidence of race/ethnicity disparities in medical care. There are, for example, alarming disparities in cancer risk factors, incidence, stage at diagnosis, recurrence, and survival. Although minorities currently comprise only eight percent of the U.S. veteran population, this number will increase rapidly since our current armed forces are at least 20 percent minority. Furthermore, other stigmatized or vulnerable populations who are disproportionately represented in the veteran population (e.g. those with a psychiatric diagnosis and the disabled) are also at risk for sub-optimal care.

Rationale for focus on chronic disease. Chronic disease afflicts nearly 100 million Americans at a cost of at least \$300 billion a year. With the aging of the population these numbers are expected to rise dramatically. The chronic diseases that we focus on are either high volume, high cost, and/or associated with major morbidity/mortality or disability. Most are priority areas within VA. Some examples follow:

- Colorectal cancer ranks second among causes of cancer deaths for men and women combined, accounting for an estimated 150,000 new cases and 56,600 deaths in 2002.

- Each year prostate cancer, the second leading cause of cancer related mortality in men, is diagnosed in nearly 200,000 men and accounts for 31,000 deaths. The risk of prostate cancer is increased in older men and African Americans.
- Tobacco use is the leading preventable cause of illness and death in the United States. Compared to the general adult population, rates of current smoking are 43% higher among veterans. Furthermore there are documented racial/ethnic differences among veterans in smoking rates and use of smoking cessation treatments.
- Substance use disorders (SUD) are one of the most common problems treated in VHA. In FY 2001, patients with SUD used 22% of all inpatient services, 37% of all extended care services, and 16% of all outpatient services.
- Over 600,000 veterans are currently receiving compensation or VA medical treatment for service-related PTSD, and we estimate that an additional 1.7 million veterans are eligible but have not applied for PTSD disability benefits. Veterans who apply for VA PTSD disability benefits are characterized by extreme levels of poverty, inadequate access to private health services, and very poor functional status.

Priorities for 2004-2008

General goals, specific objectives and detailed initiatives are listed in the table that follows. The purpose of this section is to highlight those broad areas that we have identified as high priority for the next five years.

Expand disparities research and enhance linkages to translation research

With four talented and well-trained junior investigators (Drs. Burgess, Fu, Griffith, and Sayer) recently hired and working with established researchers (Drs. van Ryn, Partin, Murdoch, and Joseph) we are now positioned to substantially expand our health disparities research program. New areas of focus will include populations vulnerable or stigmatized because of inadequate health literacy or disability.

A high priority for us is to foster a productive synergy between our translation and disparities research programs in order to advance both the VA HSR&D disparities agenda and its translation/quality enhancement agenda. Our Center is active in cancer quality enhancement activities (tobacco, prostate and colorectal) and most of our disparities researchers are also involved in these activities. We plan to encourage and support stronger collaboration among these investigators to enhance our ability to understand and minimize variation in cancer care in VA among the disadvantaged and stigmatized.

Strengthen our commitment to translation research

Translation research is the conversion of findings from basic, clinical or epidemiological health science research into information, resources, or tools that can and will be applied by policy makers, health system managers, health care providers and health care recipients to improve health outcomes and assure responsible use of resources.

Much of our work in translation has thus far focused primarily on empirical studies testing interventions to improve the translation of research evidence into practice. Now that we have added to our strong clinical investigator pool a talented group of social scientists with expertise in the conceptual and theoretical underpinnings of this field (Drs. Kochevar, vanRyn, Partin, Griffin, and Burgess), we can commit to a more comprehensive and theory-driven approach to translation that actively promotes synergy among our core researchers, affiliates, and stakeholders.

Specifically, we envision that:

- Interdisciplinary teams work to conceptualize specific health issues from a variety of medical, epidemiological, organizational, economic and behavioral perspectives.
- Performance gaps and barriers and facilitators of improved performance are identified from each of these perspectives.
- Necessary links between perspectives are actively investigated.
- Patients and organizational members at all levels must be engaged in key phases of translation, including identification of performance gaps and ensuring the desirability and usability of translation products.

With this approach, the depth of our investigator talent, and new planned external collaborations, we believe that we will be able to make substantial contributions at both the fundamental and practical level to moving this field forward. Our current expertise is in the area of patient and provider behavior, although we have conducted numerous empirical trials of system-level interventions (e.g. in smoking cessation). A key strategic issue for us will be how to strengthen our organizational expertise: we will consider the relative merits of a major new hire vs. enhancing current staff expertise and collaborative relationships.

[Build clinical research capacity and infrastructure and enhance linkages to HSR.](#)

We believe that our strengths in clinical research enhance our ability to perform methodologically rigorous and clinically relevant health services research. We plan to aggressively pursue new opportunities to strengthen and expand our clinical research enterprise through, for example, new initiatives that VA R&D is likely to launch under its new leadership. One specific project we are now planning is a collaborative VA Evidence-based Practice Center (with West LA and Portland VAMCs). Our plan also includes several initiatives designed to enhance linkages and opportunities for internal cross-fertilization and collaboration in established areas of clinical research that have not yet been linked to our health services research expertise (for example, in osteoporosis).

[Foster new external collaborations.](#)

As our research agenda and priorities become more focused, we have identified new collaborations that will need to be developed in the next several years. For example, in the translation field, important emerging collaborators include Catherine Borbas, PhD, Healthcare Evaluation and Research Foundation here in Minneapolis; the new VA Center for Health Equity Research and Promotion in Pittsburgh and the COE in Durham and Sepulveda; and the Department of Social Psychology and the Carlson School of Management, at the University of Minnesota. We also anticipate collaborating with investigators at the Atlanta VA and Emory University as we further develop our health literacy interest.

[Train the next generation of health services researchers.](#)

Our Center's culture, infrastructure, and faculty are now sufficiently established to enable us to vigorously commit to training. One of our primary objectives is to identify and develop a cadre of physician-investigators through the VA HSR&D career development program. Since our Center started out with a large group of physician investigators and no PhD investigators, this was not initially an area of focus for us. Our goal is to support at least two career development awardees in Minneapolis at all times. Development of junior PhD faculty is also a priority. Our goal is to fill our two post-doctoral training fellowship positions each year and to support 2-3 junior investigators through the VA HSR&D Merit Review Entry Program funding mechanism. Continued growth in training junior PhD investigators will depend on our ability to recruit additional mid- and senior-level PhD investigator mentors in the coming years.

Build a model workplace

The comprehensive formal organizational assessment that we commissioned last year concluded that we need to work on strengthening teamwork skills among staff, improving communication, and implementing strategies for professional development at all levels of the organization. An internal workgroup that was charged with operationalizing the recommendations of our consultant developed several initiatives in these three areas that we will be implementing. A particular focus will be to establish a more formal mentoring program and initiate an evaluation process that focuses on learning goals as well as performance goals.

Examples of Anticipated Research Products and Accomplishments:

- A comprehensive assessment of veteran and provider practices and attitudes toward colorectal cancer screening
- A report on the relative effectiveness of various colorectal cancer screening promotion approaches
- A complete assessment of the capacity for complete diagnostic evaluation for colorectal cancer at all VA facilities
- A report on the effectiveness of an event notification system for promoting complete diagnostic evaluation for positive colorectal cancer screens
- A recommendation regarding the relative effectiveness of passive versus active computer reminders on provider behavior
- A report on the organizational barriers and facilitators to colorectal cancer screening and follow-up procedures
- A report on organizational determinants of health disparities in VA
- A toolkit for clinics for the provision of integrated care for Hepatitis C, addiction and psychiatric disorders
- Spanish language prostate cancer shared decision making materials
- A report on the antecedents and health consequences of military sexual harassment
- An assessment of the prevalence of health literacy in the VA and its impact on colorectal cancer screening behavior
- A validated measure of sexual harassment geared to low literacy populations
- A colorectal cancer screening and follow-up surveillance system
- A validated osteoporosis-specific quality of life instrument
- New statistical methodology to extend propensity score theory to multidimensional intervention measures
- A collaborative, productive VA Evidence-based Practice Center, with 3-4 evidence reports each year
- Specific strategies for reducing disparities in care

II. Outline of the Strategic Plan Goals and Objectives

Goal 1. Maintain and expand a research portfolio that contributes to improving the quality and outcomes of health care for veterans

Objectives

- A. Expand and enhance research to understand and modify patient and provider behavior
- B. Expand and enhance research to understand and modify organizational determinants of health behavior and outcomes
- C. Expand and enhance research on disadvantaged and stigmatized populations
- D. Develop and apply innovative health services and outcomes research methodologies
- E. Continue to conduct cutting edge clinical research that establishes the evidence base for clinical practice and provides targets for future translation studies

Goal 2. Enhance the Center's capacity to conduct rigorous, innovative, high impact research

Objectives

- A. Develop the depth and breadth of Center investigators
- B. Enhance the productivity of Center investigators
- C. Expand and enhance the Center's infrastructure to better support research activities
- D. Develop and expand collaborative relationships

Goal 3. Contribute to VA's health services research capacity building efforts

Objectives

- A. Expand and enhance existing post-doctoral research fellowship programs
- B. Continue to identify and support promising candidates for career development awards
- C. Continue to explore, encourage and support education and training activities

Goal 4. Be a leader in the translation of research products into practice

Objectives

- A. Promote and enhance the rapid dissemination of research findings
- B. Monitor the spread of innovations in clinical settings
- C. Engage in active, strategic translation efforts
- D. Support and provide training in translation methods

Goal 5. Maintain an infrastructure and culture that supports Center values and goals

Objectives

- A. Continually evaluate and meet Center staffing needs
- B. Refine organizational structures and processes to meet changing needs and maximize accountability and efficiency
- C. Promote an organizational culture that maximizes staff achievement and satisfaction
- D. Efficiently manage and leverage financial resources

III. Strengths

Investigator Talent

Our Center's greatest strength is the exceptional talent and complementary skills of our growing pool of core investigators. The Center began in 1998 with a group of seven physician investigators with outstanding experience in randomized clinical trials and observational epidemiology. Feeling strongly that high impact health services research is most likely to emerge from interdisciplinary teams, we sought to complement this original group with an equally talented group of researchers specializing in research methods and statistics, behavioral science, and economics.

Over the past five years, we have recruited two PhD statisticians (Nelson, Noorbaloochi), one health economist (Jonk), two clinical psychologists (Sayer, Spont), four behavioral scientists (Griffin, Kochevar, Partin and VanRyn), and one physician Investigator (Fu). Additionally, Drs. Warshaw (Dermatology) and Willenbring (Psychiatry), who were affiliated investigators at the time of our last strategic plan, are now an integral part of our core group of researchers. We now have a Center with equal strengths in the clinical research that establishes the efficacy of clinical practice innovations, the behavioral sciences that provide the foundation for understanding and intervening to improve health services delivery, and the methodological skills required to rigorously evaluate strategies for promoting the spread of innovations in clinical practice. We believe these complementary skills of our core investigators make us uniquely qualified to be leaders in the translation of research into practice.

Two of our core investigators are QUERI directors (Drs. Van Ryn and Willenbring), one is a QUERI Translation Coordinator (Kochevar), several serve on QUERI executive committees, and 11 are engaged in active translation research efforts. The specialized interest and expertise of these investigators in patient and provider interactions, shared decision making, disadvantaged and stigmatized populations, and health literacy is a unique strength of our Center and another factor that makes us well poised for conducting innovative and high impact translation research. The fact that the majority of our investigators are practicing clinicians also helps assure that the research questions we address remain highly relevant to VA care delivery.

In addition to our core investigators, the Center has established strong collaborative relationships with a number of talented VA and University affiliate investigators, thereby adding to the breadth and depth of our health services expertise. Affiliate investigators currently active in specific projects include, among others, an internationally renowned gastroenterologist and colorectal cancer screening efficacy trial expert (Bond); two health services research methodologists (Bershinsky, Virnig); a survey measurement expert (Rockwood); a cancer epidemiologist (Lazovich); and an orthopedic surgeon (Saleh).

Leadership

The Center is led by Dr. Rubins (Center Director), Dr. Partin (Associate Director), Dr. van Ryn (Director of Training and Education), and Dr. Nichol (Senior Research Scientist). Dr. Rubins, Professor of Medicine and Chief of General Internal Medicine at the Minneapolis VAMC, established the Center in 1998. Dr. Partin, the first PhD Investigator hired by the Center and one of our most productive researchers, assumed the role of Associate Director on January 1, 2003. Dr. van Ryn, former Associate Director and renowned expert in health disparities research, has made significant contributions to the Center's training and education mission and is now directing our newly formed postdoctoral program. Drs. Partin and van Ryn also hold leadership positions in the Colorectal Cancer QUERI (Executive Committee member and

Research Coordinator, respectively) and have received national attention for their research efforts in shared decision-making (Partin) and health disparities (van Ryn). Dr. Nichol, Professor of Medicine and Chief of Medicine at the Minneapolis VAMC, is a prolific investigator and one of the most pre-eminent researchers in the field of vaccine-preventable disease. The Center is also fortunate to have a distinguished steering committee which convenes yearly to review the Center's progress and plans and to provide the Center leadership feedback and direction. This committee, formerly chaired by the late Dr. Mark Moskowitz, has been reconstituted following his untimely death, and will now be chaired by Dr. Richard Lofgren, Senior Associate Dean for Clinical Affairs and Professor of Medicine, Medical College of Wisconsin.

Center core investigators have assumed a variety of leadership roles both within and outside the VA. Several investigators serve on steering committees and data monitoring committees for national and international multicenter studies; national research review panels and study sections in the VA and NIH; professional organizations; editorial boards and the boards of local research foundations and corporations. Recent notable leadership roles include: Dr. Lederle's appointment to serve on the Merit Review Subcommittee for the VA Medical Research Clinical Research Program; Dr. Nichol's appointment to the World Health Organization advisory committee on global influenza research; Dr. van Ryn's invitation to serve on the National Quality Forum's expert panel on quality of cancer care and the Commonwealth Fund/Physicians for Human Rights blue ribbon panel on race/ethnicity disparities in health care; Dr. Willenbring's appointment to a VA Office of Quality and Performance task force to develop clinical practice guidelines for the use of opioids in chronic pain; and Dr. Joseph's appointment to Chair of the Smoking Cessation Work Group of the Minnesota Partnership for Action Against Tobacco (MPAAT).

Infrastructure and local support

The Center has spent the past five years building an infrastructure to facilitate the implementation of our research agenda. In addition to the investigators, our current core staff includes a newly hired administrative officer with over 15 years experience in health administration (Kissinger); a talented and experienced QUERI administrative officer (Halek) who is closely integrated into the Center administrative team; three administrative assistants (Ashmead, Conrad, Abel); an experienced budget analyst (Sabol); a senior research coordinator who facilitates the process of developing new grants and coordinates and facilitates cross-training of center project staff (Storm); a masters level statistician (Grill); five computer programmers, lead by Mr. Nugent, a programmer with over 15 years of experience working with VA databases; and a media specialist who has worked in the VA for over 13 years (Haas). This full complement of administrative support will greatly facilitate our continued efforts to conduct high impact health services research. We have now reached a level of maturity in our growth that we will be turning our focus from building foundations to maintaining and strengthening existing resources.

The good working relationship we have with the Medical Center and VISN leadership and with the research office at the Minneapolis VA Medical Center, has contributed significantly to our successful growth. Our local facility and VISN have been exceptionally generous and cooperative in providing space to accommodate our growth, and recently helped support significant improvements to our space (adding carpet, installing partitions to create new office space, etc). We are optimistic that the recent merging of our former VISN 13 with VISN 12 to form the current VISN 23 will open up exciting new opportunities for collaboration with the distinguished Iowa City HSR&D group.

IV. Challenges

Internal organization

As our Center moves from a period of rapid development and capacity building to a period of maturation and enhancement, our most significant challenges are related to internal organizational issues. We are going through a period of transition as the new associate director and administrative officer settle in to their new administrative roles. We are confident that these two very talented and experienced individuals will be tremendous assets to our strong administrative group and will make every effort to assure that their transition over the next few months is smooth and effective.

Space issues present a new challenge for the Center. Due to our rapid growth we quickly exhausted the original space allocated, and the facility generously made available an additional 3000 square feet, which was renovated last year, to meet our short term (1-2 year) needs. Based on the experience of older, successful COEs we anticipate that we will grow from our current staff size of 60 to about 120 in the next five years. We have had preliminary discussions with the facility leadership about a long-term space plan and will be actively developing detailed plans at the beginning of the next fiscal year.

Our success in rapidly increasing the number of grant submissions has led to significant increases in the demands placed on our core support groups (data, statistics and administrative). A significant challenge over the next five years will be to perfect the art of accurately projecting the optimum staff complement needed to support the Center's research activities. In the short run we face the frustrating task of having to prioritize our potential grant submissions, postponing the submission of some in order to assure that all receive adequate administrative, statistical, and programming support. We expect that projecting staffing needs will become easier as we mature and our grant submission rate becomes more stable over time. Until then, Dr. Rubins and Partin will continue to meet regularly with the data group, statistics and administrative core to help prioritize service requests and assess priorities for new hires in these three areas. We are already planning to hire a data group leader within the next six months to help coordinate and prioritize the activities of the data group, and will be assessing the relative value and feasibility of additional potential hires over the next couple of years, including another senior research coordinator; a masters level health economist; a statistical programmer; another systems analyst; a statistician with psychometrics expertise; and a grants development director.

A final organizational challenge we face as we grow is maintaining a culture where all investigators and staff feel connected, valued, and committed to our vision and mission. We currently support bi-monthly informal gatherings and plan to conduct periodic all-staff and investigator retreats to encourage camaraderie and enhance morale. We also are planning several new initiatives to facilitate the integration of new staff into our growing center, including: assigning buddies or mentors to all new staff; conducting quarterly all-staff meetings to update staff and get input on organizational issues; and developing manuals, seminars, and other methods for training and orienting new staff. An important part of making all staff feel valued is recognizing and rewarding achievement, and assuring adequate compensation for scope of work. We recently have encountered some resistance from our facility leadership to support requests for merit awards and step increases for high achieving staff and staff assuming new responsibilities. Dr. Rubins will actively work with the facility leadership over this issue. We will also be pursuing alternative methods for rewarding staff for high achievement, including:

developing an internal peer recognition and reward system; exploring the feasibility of offering sabbaticals to senior investigators; and pursuing career scientist awards for senior PhD investigators.

External collaborations

While we have been successful at establishing a number of new and highly productive collaborative relationships with researchers outside of our Center over the past five years, we have not been able to identify as many mutually beneficial relationships at our local university as we had hoped. Over the next two years we hope to enhance our success in this area by exploring new ground. In particular, we have specific plans to actively pursue collaborative opportunities in the Departments of Psychology, Epidemiology, and the Carlson School of Management at the University of Minnesota, as detailed in the Table.

Expanding training and mentoring activities

Our Center has only recently reached a level of maturity that can support significant investments in training and mentoring activities. Over the next five years, we hope to be able to support a minimum of three postdoctoral fellows per year (one clinician and two PhDs). We are likely to experience some growing pains as we work to integrate this growth in training and mentoring activities into our Center priorities. We are confident that, under the enthusiastic and experienced direction of Drs. van Ryn and Wilt and their associates Dr. Griffin and Fu, we will be able to recruit promising candidates for our clinical and postdoctoral fellowship programs. However, we do realize that our continued success in training and mentoring is highly dependent on our ability to engage our senior investigators in these activities. To facilitate this process, we intend to develop a formal system for recognizing and rewarding mentoring activities. Most of our core investigators are very enthusiastic about serving as mentors, but need some support in accommodating expanded responsibilities in this area.

V. Table of Detailed Initiatives (see separate document/link; pgs. 14-27)

VI. Infrastructure

A. Organization Chart

B. Listing of Personnel and their Roles

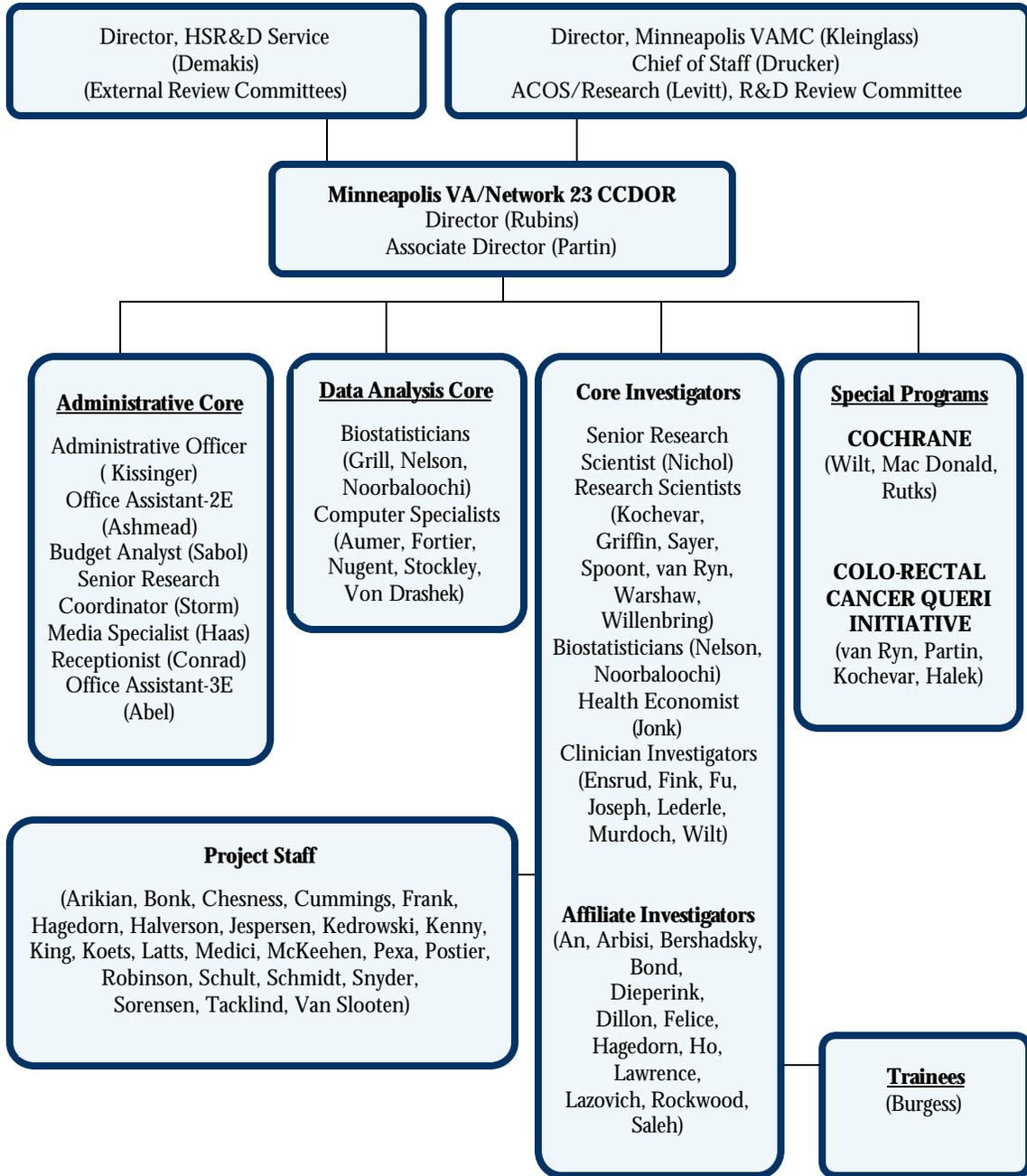
C. Steering Committee

D. Projected Core Staff Allocation Table

E. Facilities and Equipment

F. Projected Budget and Allocation

**A. Minneapolis VA/Veterans Integrated Service Network 23
Center for Chronic Disease Outcomes Research (CCDOR)
Organization Chart**



03/03/03

B. Personnel Listing for COE Minneapolis, MN

All Active Personnel Core Investigator Listing Name	Staff Type	Title	Compensation, Appointment	
			FTEE	Designation
Ensrud, Kristine E., MD, MPH	Core Investigator	Investigator	0.40	VA Full Time, Title 38
Fink, Howard, MD, MPH	Core Investigator	Investigator	0.50	VA Full Time, Title 38
Fu, Steven S., MD, MSCE	Core Investigator	Investigator	0.80	VA Full Time, Title 38
Griffin, Joan M., PhD	Core Investigator	Investigator	0.80	VA Part Time, Schedule B
Jonk, Yvonne C., PhD	Core Investigator	Health Economist/ Investigator	1.00	VA Full Time, Schedule B
Joseph, Anne M., MD, MPH	Core Investigator	Investigator	0.40	VA Part Time, Title 38
Kochevar, Laura K., PhD	Core Investigator	Investigator	1.00	VA Full Time, Schedule B
Lederle, Frank A., MD	Core Investigator	Investigator	0.50	VA Full Time, Title 38
Murdoch, Maureen, MD, MPH	Core Investigator	Investigator	0.50	VA Full Time, Title 38
Nelson, David B., PhD	Core Investigator	Sr. Biostatistician/ Investigator	1.00	VA Full Time, Schedule B
Nichol, Kristin, MD, MPH, MBA	Core Investigator	Sr. Research Scientist	0.20	VA Full Time, Title 38
Noorbaloochi, Siamak, PhD	Core Investigator	Statistician/ Investigator	1.0	VA Full Time, Schedule B
Partin, Melissa, PhD	Core Investigator	Associate Director (COE)	0.80	VA Part Time, Schedule B
Rubins, Hanna, MD, MPH	Core Investigator	Director (COE)	0.50	VA Full Time, Title 38
Sayer, Nina, PhD	Core Investigator	Investigator	1.0	VA Full Time, Schedule B
Spoont, Michele, PhD	Core Investigator	Investigator	0.30	VA Full Time, Career
van Ryn, Michelle, PhD, MPH	Core Investigator	Investigator	1.00	VA Full Time, Schedule B
Warshaw, Erin, MD	Core Investigator	Investigator	0.75	VA Full Time, Title 38
Willenbring, Mark L, MD	Core Investigator	Investigator	0.50	VA Full Time, Title 38
Wilt, Timothy J. MD, MPH	Core Investigator	Investigator	0.60	VA Full Time, Title 38

Personnel Count = 20

FTEE Total: 13.55

Personnel Listing for COE Minneapolis, MN

All Active Personnel Core Other Staff Listing Name	Staff Type	Title	FTEE	Compensation, Appointment Designation
Abel, Michael, BA	Core Other Staff	Office Assistant	0.50	VA Full Time, Career
Administrative Officer (TBA)	Core Other Staff	Administrative Officer	1.00	VA Full Time, Schedule B
Ashmead, Hannameel, BS	Core Other Staff	Office Assistant	1.00	VA Full Time, Term
Aumer, Susan M, MA	Core Other Staff	Computer Systems Analyst	1.00	VA Full Time, Schedule B
Conrad, Kelly	Core Other Staff	Office Assistant	1.00	VA Full Time, Term
Fortier, Larry, MA	Core Other Staff	Computer Programmer	1.00	VA Full Time, Schedule B
Grill, Joseph P., MA	Core Other Staff	Statistician	1.00	VA Full Time, Schedule B
Haas, Michele, BA	Core Other Staff	Media Specialist	0.50	VA Part Time, Term
Halek, Krysten, MA	Core Other Staff	Administrative Officer (QUERI)	1.00	VA Full Time, Term
Mac Donald, Roderick, MS	Core Other Staff	Administrative Officer(Cochrane)	1.00	VA Full Time, Schedule B
Nugent, Sean, BA	Core Other Staff	Computer Systems Analyst	1.00	VA Full Time, Schedule B
Rutks, Indulis, BS	Core Other Staff	Research Coordinator	1.00	VA Full Time, Term
Sabol, Joseph D, MBA	Core Other Staff	Budget Analyst	1.00	VA Full Time, Term
Stockley, Herbert, MSW	Core Other Staff	Computer Systems Analyst	1.00	VA Full Time, Schedule B
Storm, Carole, MA	Core Other Staff	Senior Research Coordinator	1.00	VA Full Time, Schedule B
Von Drashek, Rhonda	Core Other Staff	Computer Systems Analyst	1.00	VA Full Time, Schedule B

Personel Count = 15

FTEE Total: 14.00

Personnel Listing for COE Minneapolis, MN

All Active Personnel Affiliate Investigator Listing			Compensation, Appointment	
Name	Staff Type	Title	FTEE	Designation
Bershadsky, Boris, PhD, MS	Affiliate Investigator	Investigator	0.10	Contract
Bond, John H., MD	Affiliate Investigator	QUERI Clinical Coordinator	0.25	VA Full Time, Title 38
Dieperink, Eric, MD	Affiliate Investigator	Investigator	0.05	VA Full Time, Title 38
Dillon, Nancy B., PhD, RN	Affiliate Investigator	Investigator	0.05	VA Full Time, Title 38
Lawrence, Mary G., MD, MPH	Affiliate Investigator	Investigator	0.05	VA Full Time, Title 38
Lazovich, DeAnn, PhD	Affiliate Investigator	Investigator	0.10	Contract
Rockwood, Todd, PhD	Affiliate Investigator	Investigator	0.10	Contract
Rothenberger, David, MD	Affiliate Investigator	Investigator	0.10	Not Compensable
Virnig, Beth, PhD, MPH	Affiliate Investigator	Investigator	0.10	Contract

Personnel Count = 9

FTEE Total: 0.80

C. Steering Committee Members for COE Minneapolis, MN

Lofgren, Richard, MD, MPH

Chairman of the Steering Committee

Senior Associate Dean for Clinical Affairs
Room 2964
Medical College of Wisconsin
9200 West Wisconsin Ave.
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Deykin, Daniel, MD

Retired Director, HSR&D Service

Professor of Medicine
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Levine, Allen S., PhD

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Levitt, Michael D., MD

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Luepker, Russell V., MD

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Personnel Count = 0

D. Core Staff-Time Allocation

STAFF	RESEARCH	DISSEMINATION AND OTHER EDUCATIONAL WORK	TECHNICAL ASSISTANCE/ CONSULTATION	TRAINING	ADMINI- STRATIVE	HOURS PER WEEK
INVESTIGATORS						
H. Rubins	5	2	---	1	12	20
M. Partin	20	2	---	---	10	32
K. Nichol	5	1	---	1	1	8
K. Ensrud	13	1	---	1	1	16
H. Fink	15	1	---	---	---	16
S. Fu	29	1	---	---	---	30
J. Griffin	30	1	---	---	1	32
Y. Jonk	36	1	3	---	---	40
A. Joseph	13	1	---	1	1	16
L. Kochevar	10	8	10	2	10	40
F. Lederle	16	1	---	2	1	20
M. Murdoch	18	1	---	---	1	20
D. Nelson	39	---	---	---	1	40
S. Noorbaloochi	40	---	---	---	---	40
N. Sayer	31	1	---	---	---	32
M. Spoot	12	---	---	---	---	12
M. vanRyn	30	2	---	---	8	40
E. Warsaw	30	---	---	---	---	30
M. Willenbring	19	1	---	---	---	20
T. Wilt	13	1	2	3	1	20
DATA GROUP						
S. Aumer	---	---	40	---	---	40
L. Fortier	---	---	40	---	---	40
J. Grill	---	---	40	---	---	40
S. Nugent	---	---	32	---	8	40
H. Stockley	---	---	40	---	---	40
R. Von Drashek	---	---	40	---	---	40
ADMINISTRATIVE						
M. Abel	---	---	---	---	20	20
Administrative Officer	---	---	---	---	40	40
H. Ashmead	---	---	---	---	40	40
K. Conrad	---	---	---	---	40	40
M. Haas	---	---	15	---	5	20
K. Halek	---	---	---	---	40	40
R. Mac Donald	20	5	5	---	10	40
I. Rutks	25	5	10	---	---	40
J. Sabol	---	---	---	---	40	40
C. Storm	---	---	30	---	10	40

January 13, 2003

E. Facilities Statement

The Minneapolis VAMC/VISN 23 Center for Chronic Disease Outcomes Research (CCDOR) is a VA Health Services Research Center of Excellence. The mission of the center is to enhance, through research, education, and dissemination activities, the delivery and accessibility of high-quality, cost-effective health care that will result in optimal clinical, psychosocial, and functional outcomes for veterans with chronic disease.

Located within the Minneapolis VA Medical Center—a 440-bed, university-affiliated teaching hospital and research facility—the CCDOR provides centrally located, furnished office space; access to state-of-the-art office equipment, including a computer workstation for each staff member, copying machines, fax, printers, telephones, color laser printer, an Edox Raster Image Processor (RIP) and Encad Novajet Plotter (used primarily for poster production), one dual processor work station, and high speed data lines. Three common-use laptop computers and two portable LCD projectors provide flexibility for CCDOR staff members.

The CCDOR server is housed, maintained, and backed up daily, by the Medical Center's IRM Service. The server provides CCDOR staff with client server applications for statistical analysis, database management, presentation, dissemination, reference management, storing the data warehouse and setting up a client server interface for the data warehouse.

CCDOR support staff include the following: 3 statisticians, a health economist, 5 computer specialists, an administrative officer, a QUERI administrator coordinator, a senior research coordinator, a budget analyst, a media specialist and two secretaries.

At the present time, the Minneapolis VA Medical Center assigns approximately 8,000 square feet to the CCDOR. In addition to this office space, CCDOR staff have available to them a large conference room equipped with a ceiling-mounted LCD projector, a PC, a VCR, a slide projector and an overhead projector. This conference room has the capacity to receive satellite broadcasts of medical updates.

The Center is affiliated with the Schools of Medicine and Public Health at the University of Minnesota and enjoys collaborative relationships with the University and its faculty.