FEATURED RESEARCH

EVIDENCE-BASED SYNTHESIS PROGRAM

HSR&D’s Evidence-based Synthesis Program (ESP) was established to provide timely and accurate syntheses of targeted healthcare topics of particular importance to VA managers and policymakers.

HSR&D provides funding to four ESP Centers, each of whom has an active VA affiliation. The ESP Centers generate evidence syntheses; these reports are critical in: developing clinical policies informed by evidence; implementing effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures; and setting the direction for future research to address gaps in clinical knowledge.

The Minneapolis ESP Center is directed by Dr. Tim Wilt and managed by Nancy Greer. The Center is currently researching and developing reports on Delirium (PI: Dr. Rebecca Rossom), Hypoglycemia (PI: Dr. Hanna Bloomfield), and Family Mental Health Services (PI: TBD). A fourth topic: Effect of Working Conditions on Patient Care is under consideration.

INTERVIEWS TO MEASURE PTSD RECOVERY OF VETERANS (IMPROVE)

Dr. Maureen Murdoch’s IMPROVE project (2011-2014) seeks to answer the question: Does PTSD service connection affect disease course and function? This project looks to identify the factors associated with some veterans getting clinically better and with other veterans getting clinically worse, and to use cross-case comparison to see if results differ by PTSD service-connected status, gender, or service era.

IMPROVE is a follow-up to Maureen’s earlier studies in which participants responded to two waves of the Veteran’s Health and Wellbeing (VHWB) Survey. The VHWB survey contains the PENN inventory, as well as additional questions designed to describe a veteran’s mental health status, social well-being and family functioning.

1700 veterans who participated in the original studies will be contacted and asked to participate in IMPROVE. They will have the opportunity to respond to a third wave of the VHWB Survey. In addition, a limited sub-set will be asked to participate in qualitative interviews.

PROACTIVE TOBACCO TREATMENT FOR VETERANS

This 4-year study (2008-2012), lead by Dr. Steve Fu, is testing proactive outreach strategies offering choice of smoking cessation services. By offering easy access to care, proactive outreach and choice of smoking cessation services has great potential to increase the use of evidence-based treatments.

Current smokers from four VAMCs were randomly assigned to proactive care intervention or usual care. The proactive care intervention combines: (1) proactive outreach and (2) offer of choice of smoking cessation services (telephone or face-to-face). Proactive outreach includes a mailed invitation letter followed by an outreach call that will encourage smokers to seek treatment with choice of services. Proactive care participants who choose telephone care will receive VA telephone counseling and access to pharmacotherapy. Proactive care participants who choose face-to-face care will be referred to their VA facility’s smoking cessation clinic. Usual care group participants will have access to standard smoking cessation services provided by their VA facility and their VA provider.

Proactive outreach strategies offering choice of smoking cessation services, if proven effective and cost-effective, could transform the way tobacco treatment is delivered and improve smoking abstinence rates in the veteran population.
FEATURED RESEARCH: RINGS & RINGS-2

POSTDEPLOYMENT OUTCOMES IN NATIONAL GUARD SOLDIERS DEPLOYED TO IRAQ


Context. Troops deployed to Iraq and Afghanistan are at high risk for exposure to combat events resulting in mild traumatic brain injury (MTBI) or concussion and posttraumatic stress disorder (PTSD). The longer-term impact of combat-related concussion/MTBI and comorbid PTSD on troops’ health and well-being is unknown.

Objective. To assess longitudinal associations between concussion/MTBI and PTSD symptoms reported in theater and longer-term psychosocial outcomes in combat-deployed National Guard soldiers.

Design. Longitudinal cohort study. Participants were surveyed in Iraq 1 month before returning home (time 1) and 1 year later (time 2). Self-reports of concussion/MTBI and PTSD were assessed at times 1 and 2. Based on time 1 concussion/MTBI status (defined as an injury during deployment with loss of consciousness or altered mental status) and time 2 postdeployment probable PTSD status, soldiers were compared on a range of time 2 psychosocial outcomes.


Setting. The time 1 sample was assessed during redeployment transition briefings held at military installations in the Iraq combat theater. The time 2 sample was assessed using mailed surveys sent to the homes of US National Guard service members.

Main Outcome Measures. Postconcussive, depression, and physical symptoms; alcohol use; social functioning; and quality of life assessed at time 2 using valid clinical instruments.

Results. The rate of self-reported concussion/MTBI during deployment was 9.2% at time 1 and 22.0% at time 2. Soldiers with a history of concussion/MTBI were more likely than those without to report postdeployment postconcussive symptoms and poorer psychosocial outcomes. However, after adjusting for PTSD symptoms, concussion/MTBI was not associated with postdeployment symptoms or outcomes. Time 1 PTSD symptoms more strongly predicted postdeployment symptoms and outcomes than did concussion/MTBI history.

Conclusions. Although combat-related PTSD was strongly associated with postconcussive symptoms and psychosocial outcomes 1 year after soldiers returned from Iraq, there was little evidence of a long-term negative impact of concussion/MTBI history on these outcomes after accounting for PTSD. These findings and the 2-fold increase in reports of deployment-related concussion/MTBI history have important implications for screening and treatment.

Published abstract & manuscript can be found in: Archives of General Psychiatry. 2011;68(1):79-89

READINESS AND RESILIENCE IN NATIONAL GUARD SOLDIERS (RINGS-2): PROSPECTIVE PREDICTORS OF VETERAN AND FAMILY POST-DEPLOYMENT MENTAL HEALTH

RINGS-2 is up and running. This VA HSR&D funded project turned the lights on in November of 2010 and staff will be hard at work through 2013. Melissa Polusny, PhD, LP and Chris Erbes, PhD, LP head up the team as PIs.

This project builds upon previous findings from the RINGS Study (see published abstract above for some findings from RINGS) and proposes an extension of this work, which will investigate trajectories of family distress or well-being over the course of a deployment, the impact of family well-being on veteran post-deployment mental health, and predictors of family well-being.

The overall goal of this project is to provide systematic information about family functioning and veteran mental health that can facilitate the development of targeted and effective support programs for families before, during, and after combat deployments.

Investigators hope to recruit about 2400 deploying soldiers and 1073 spouse/partners at pre-deployment National Guard Family Preparation Academy events. Soldier participants will be asked to complete the study survey at two time points, pre and post deployment. Their participating spouses/partners will be surveyed at 4 time points (pre and post deployment as well as two additional time points during deployment).
**SELECTED CCDOR PUBLICATIONS FY2010**


*CCDOR Core Investigators.

Additional CCDOR staff indicated in bold.
INTRODUCTIONS: CCDOR ADMIN TEAM

JILL JOHNSON

It was CCDOR’s good fortune that in March 2004, Jill Johnson assumed the position of Administrative Officer (AO). Jill came to CCDOR from the private sector where she had most recently been in human resources and in reengineering corporate processes and systems.

As the AO of CCDOR, Jill oversees administration and operations for the Center and its research programs and projects. She directs the administrative group and as a team they aim to provide the Center’s investigators and staff with the most effective and efficient infrastructure possible in which to work. Jill’s role has a variety of responsibilities which allows her to leverage her career experience: Planning: participating in the development of long-term and short-term plans, goals, and objectives for CCDOR and in the formulation of Center policies; Funding: ensuring the accuracy and timeliness of proposal and CDA submissions; Reporting: ensuring the accuracy and timeliness of the Center’s annual report and any other required reporting; Communications: developing and disseminating programmatic information; Compliance: ensuring VA policies and regulations are followed and; Finance: developing the Center budget and providing oversight for project budgets.

JILL MAHAL-LICHTY

Jill Mahal-Lichty has worked in CCDOR since April of 2006. She is a Program Specialist and performs a wide variety of administrative responsibilities associated with maintaining and supporting the work performed within CCDOR. Her duties range from organizing, analyzing, and communicating data and information to tracking employee travel, reporting employee time, coordinating equipment, and ordering supplies and services.

Prior to coming to CCDOR, Jill worked for Northwest Airlines for nearly 19 years and was in the MN Army National Guard for 21 years. When asked to describe her favorite part of working in CCDOR, Jill said she most enjoys “being a team member for a Research organization that is recognized as a Center of Excellence which focuses on improving health care for Veterans.” She also enjoys the professionalism and the people she works with.

Away from the VA, Jill loves scrapbooking, running, going out for dinner, and attending her children’s activities and events.

JOE SABOL

Joe Sabol came to CCDOR on what he describes as a cheerful spring day in April of 2002. He is a Budgeting Analyst charged with overseeing all project and Center budgets; providing liaison support among staff, fiscal office, contracting office and the agent cashier; and providing budgeting support for grant submissions.

Much of Joe’s early career was as a consumer marketing man-
Present Post-Docs. CCDOR’s newest post-doc fellow, **Kandice Kapinos, PhD**, joined the Center in January 2011. Kandice trained as a labor economist at the University of Illinois and has most recently been working at the Institute for Social Research at the University of Michigan. She will be studying how individuals make decisions to invest in preventive care and lifestyle behaviors that are linked to positive health outcomes and how institutional features of the healthcare system affect individuals’ decision-making. Kandice plans to focus her research in the areas of obesity and colorectal cancer screening, and possibly tobacco.

CCDOR post-doctoral fellow, **Laura Meis, PhD**, is awaiting funding decisions on her December 2010 career development submission. Her topic area focuses on how PTSD treatment adherence might be improved by involving family members in the veteran’s care.

Past Post-Docs. During FY10, CCDOR core investigators **Rachel Widome, PhD** and **Kathleen Carlson, PhD** (now at the Portland VA) began their VA career development awards.

Rachel’s award focuses on preventive services (in the areas of tobacco and obesity) for Operation Iraqi Freedom/Operation Enduring Freedom veterans.

Kathleen’s focuses on traumatic brain injury and PTSD in OEF/OIF veterans.

In addition, **Adam Powell, PhD, MBA** and **Shannon Kehle, PhD** will begin new CDAs in FY11. Their topic areas are, respectively, Integrating VA Performance Measurement with Unique Patient Needs and Values; and The Dissemination and Implementation of Empirically Supported Treatments for PTSD.

Past Pre-Docs. In FY08 CCDOR was approved to be a Pre-Doctoral Associated Health Rehabilitation Research Fellowship site. Our first pre-doctoral fellow, **Sean Phelan, PhD, MPH**, completed his fellowship last year and is currently a research associate at the University of Minnesota. CCDOR hopes to recruit a new pre-doc student in the spring of 2011.

**INTRODUCTIONS: CCDOR ADMIN TEAM (CONT.)**

**JULIE MULVIIHILL**

Nearly 6 year ago, Julie Mulvihill joined CCDOR’s Administrative Team. Like all of the Administrative Team, Julie balances a multitude of responsibilities. As CCDOR’s **Program Manager** with General Mills/Pillsbury. He left that life to join the financial services industry as a consultant (hence his budgeting expertise). Immediately prior to joining the VA, Joe tried his luck at making a bundle in a SFC start-up Dot Com (charitable giving, of all things) and admits to personally participating in the Dot Com bubble burst.

When asked to describe the best thing about working in CCDOR, Joe doesn’t hesitate. “By far it’s the people, and their persistence in balancing their professional work requirements with their personal life goals.”

When he’s not working hard to balance CCDOR’s budgets, Joe enjoys gardening and landscaping projects in the summer; catching up with the lives of his four grown children and their spouses during their periodic visits back home; and getting together frequently with friends to share tales of adventures past. And then there are the possible home projects yet to come (enhanced with a good glass or two of wine).**

**KANDICE KAPINOS**

**Julie Mulvihill**

Nearly 6 year ago, Julie Mulvihill joined CCDOR’s Administrative Team. Like all of the Administrative Team, Julie balances a multitude of responsibilities. As CCDOR’s **Program Specialist**, Julie coordinates grant and CDA proposal submissions, in addition to the submission of Just-In-Time documents, final reports, the COE Annual Report, and publication reporting to ART, CIDER, ORD and Public Affairs. Among other contributions to the Center, Julie welcomes new employees through the orientation process, oversees documentation of training requirements and certifies time-cards.

Before joining CCDOR, Julie worked as an IT Project Leader for Payroll at St. Paul Travelers Insurance and prior to that as a Systems Analyst for Hennepin County. Julie says her favorite thing about CCDOR is being able to work with interesting and innovative people.

When asked how she spends her time away from the office, Julie responded “Shoveling my driveway, briefly interrupted by gardening.” Oh, the joys of this winter. On a warmer note, Julie is enjoying her new e-reader and rediscovering good books.

**Contributed by Maureen Carlyle**
FROM THE DIRECTOR

HANNA E. BLOOMFIELD, MD, MPH

Having been a physician in VA for 30 years, heading the Section of General Internal Medicine for 14, and running CCDOR for 12, I decided I needed a break. And thanks to the leadership at the Minneapolis VA and at HSR&D, and my wonderful CCDOR colleagues I was able to take a 6 month sabbatical during the first half of 2010. Much as I would have preferred to travel to some exotic location (ie any place outside of Minnesota), I had to stay put for family reasons.

My plan had been to work on developing an educational program for University of Minnesota medical students on the topic of conflicts of interest inherent in relationships with pharmaceutical companies. I spent my first month feeling unmoored, anxious, and missing the security of my office and usual routines. I spent the second month visiting my kids in Israel and India. I spent the third month realizing I had made little progress on my goal. I spent the fourth month reading all the leadership books I could get my hands on. I spent the fifth month at Starbucks. I spent my final month trying to figure out what had happened over the past 6 months.

And then I was back, miraculously re-energized, excited to connect with colleagues and work friends, happy to see my patients again, (not so happy to see my email and VA “education” requirements), and ready to find new challenges and opportunities to make life better for our veterans.

Cheers!

WHAT IF?

Name: Alicia Sandberg

1. I would go to the Italian Culinary Academy in NYC and Palma, Italy to become an Italian chef!

2. One of my favorite singers is Jack Johnson and I would coordinate a tour at very intimate venues. I think most of the shows would be in Hawaii (his home state) so that I could spend an extended amount of time there!

3. I would hire Don Draper from Mad Men because my chances of figuring out his secrets would be much higher if I could personally work with him, rather than just watching him on TV.

4. I would install floor to ceiling windows and knock out all the walls so that we have a much more open area (let’s disregard privacy concerns for this). Each person would still have a separate area but the space would be much more modern and colorful.

Name: Heather Oleson

1. I think I would go back to India where I lived a few years ago. I would study something totally different... like Indian culinary arts or how to play the sitar or something like that.

2. I would go on tour with Trampled by Turtles, a blue grass band from Duluth. They’ve got a lot of energy and have amazing instrumentalists. We would definitely do a world tour.

3. Conan O’Brien!! For some reason I think Conan could muster up some pretty decent impressions with daily CCDOR and VA-inspired material. But in addition to him just being hilarious, his last line on NBC demonstrates fortitude and positive-thinking, “Nobody in life gets exactly what they thought they were going to get. But if you work really hard, and you’re kind, amazing things will happen.”

4. I would add a lot of green plants, larger picture windows, and treadmills you can walk on at your work station. I would also turn the center rooms into a shared lounge with comfy chairs, a coffee bar, a few Wii stations and live music on Fridays.
Dr. Joan Griffin briefed VA Central Office in December 2010 on preliminary findings for the Family and Caregiver Experience Survey (FACES) study. Attendees included VACO Office of Patient Care Services, the VA Caregiver Support Program Manager, HSR&D, and VA Rehabilitation Services. Team collaborator Dr. Courtney VanHoutven from the Durham VA attended with Joan and presented preliminary financial findings.

Drs. Diana Burgess and Nina Sayer earned promotions to Associate Professor of Medicine at the University of Minnesota’s Department of Medicine.

In February 2010, the Journal of Traumatic Stress published a special issue on the psychological consequences of the wars in Iraq and Afghanistan. CCDOR investigators and staff authored four of the 14 papers accepted for this special issue, including an introduction to the issue co-authored by Dr. Sayer, two research articles first authored by Career Development Awardees (Drs. Carlson and Kehle), and one research article co-authored by Investigators Drs. Polusny and Murdoch. Several articles included in this special issue were selected by Dr. Eisen to be briefed for VHA leaders as part of HSR&D’s publication alert process.

Dr. Nina Sayer’s manuscript (Psychiatric Services, 2010) summarizing results from a VA HSR&D funded national veteran survey that found Iraq-Afghanistan combat veterans (particularly those with probable PTSD) have multiple reintegration problems and want services to help them readjust to community life, suggesting a need for innovative approaches to provide these unique services for veterans received recognition both locally and nationally. As a result of this research, Nina was interviewed by the Minneapolis Star Tribune, and was invited to chair panel discussions at both the 2010 AcademyHealth Meeting and the 3rd Annual Trauma Spectrum Conference.

Dr. Timothy Wilt provided the evidence report and worked with the guideline committee of the American Society of Clinical Oncology and the American Urological Association guideline on Chemoprevention of Prostate Cancer with 5 Alpha Reductase Inhibitors.

**WHAT IF?**

**Name: Agnes Jensen**

1. I would study meteorology, someplace warm. I prefer on one of the coasts (to get my El Nino and hurricane exposure), with sporadic visits to International Falls and tornado alley.

2. It’s a reunion tour for the B-52’s, and in addition to being the tour coordinator, I’ll also sing backup vocals and play instruments like the tambourine. We will only play small clubs, complete with very sticky floors, very loud speakers, and scary bathrooms. Other ’80’s bands will fight to be our warm up bands. Afterward, I will write a book about the tour and auction off my cool costumes and beehive wig for charity.

3. Jack Bauer, from 24. Although it would be a very long day, we could probably take care of all the year’s needs in that day, just like Jack does. Our technology would never fail. We would have direct phone lines to everyone (from the President on down). We will likely get shot at some point during the day, but at least we have medical staff close by for assistance. We would end the day with a big cliffhanger dilemma, just in time for Joan’s return!

4. I would pattern them after Google. We would be able to bring our dogs to work, have breakfast cereals like Apple Jacks available to stoke creativity, and lounge on cozy furniture.

**Name: Breanna Essoi**

1. I always dreamed of going to medical school (and sometimes wish I would have kept pursuing it) but now I couldn’t dream of going back that far into debt. However, given a full tuition scholarship, I’d definitely pursue it. I would, however, study somewhere like Puerto Rico to get away from these Minnesota winters for a few years and be able to use and enhance my Spanish.

2. My favorite band is Sugarland, and I think they would be amazing to tour with because they seem so kind and down to earth, so that was my first inkling, but then I thought - Lady Gaga!! Now before you all think I’m crazy, just think about it! How cool to be a part of such a creative/artistic environment for a while and experience the wildness that her tour has got to be! And 20 years from now, I could tell my kids how cool their mom was to tour with such a big pop sensation.

3. Hmm… McDreamy or McSteamy (of Grey’s Anatomy fame)?? Toss up - can’t decide!

4. Open concept - no more cubes/six-ers anymore; stability ball and treadmill work stations; more exciting colors on the walls; bigger break room to encourage more of us to hang out and get to know each other at lunch breaks = better collaboration over all!
THE CENTER...

The Minneapolis Center for Chronic Disease Outcomes Research (CCDOR) was established in April 1998. Its mission 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. The Center, which is affiliated with the University of Minnesota Schools of Medicine and Public Health, currently supports 68 funded projects or programs with an annual budget of over $9.5 million. The Center’s leadership includes Dr. Hanna E. Bloomfield (PI), Dr. Nina Sayer (Co-PI), and a distinguished steering committee, chaired by Dr. Kristin Nichol.