

EXHIBIT 2

Establishing a Sustainable Quality Measurement System for California Prisons

RAND Proposal to the California Prison Receivership
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Background

John Rawls in his seminal work, *A Theory of Justice*,¹ asks us how we would organize our society if we did not know what position in it we would occupy – rich or poor, jailed or jailer – or the mistakes we might make. Only behind this “veil of ignorance,” he tells us, would we construct a truly just society. Prisoners of the justice system are the acid test of this philosophy. They are among the most outcast members of society, often rightly reviled for the crimes they have committed, and among the most vulnerable, completely dependent upon the state for their sustenance and health. Yet Rawls would say that in their fate is the fate of us all, and that a just society would guarantee them basic human rights like decent health care even while they are justly deprived of their freedom. The US Supreme Court agreed in 1976, in *Estelle vs. Gamble*, stating that failure to provide such care constituted cruel and unusual punishment, setting off a wave of federal interventions in state prison health systems to remedy perceived inadequacies in prisoners’ medical care. The California system is in the midst of one such remedy. The *Plata, Perez* and other lawsuits on behalf of prisoners eventually established the California Receiver with a mission to ensure:

- “timely access to competent medical and clinical personnel who provide effective care informed by accurate patient records and supported by appropriate housing, medical facilities, equipment and processes; and
- timely access to prescribed medications, treatment modalities, specialists and appropriate levels of care.”²

The evidence that prisoners’ health is worse than their free counterparts is compelling. Prisoners have higher rates of cardiovascular disease, cancer, mental health and substance abuse problems, mostly as a result of their prior disadvantaged circumstances, and poor antecedent health habits. As incarceration rates and prison terms have increased, the prisoner population has aged, increasing the rates of these chronic conditions.³ Moreover, crowded conditions and risky behaviors combine to make them much more likely to contract infectious diseases from HIV to hepatitis to tuberculosis. Not only do legal and ethical principles demand treatment of these conditions, but so does the public health. Disease rarely respects the walls of a prison yard and can spread to society at large when prisoners are released.⁴

The evidence that medical care is wanting in prisons in California (and elsewhere) is also compelling. The federal court that established the California prison receivership was convinced by reports that “on the average, an inmate in one of California’s prisons needlessly dies every six or seven days due to constitutional deficiencies in the CDCR’s medical delivery system.” Despite uneven records and the limitations of single reviewer implicit unstructured assessment of preventability, Imai found that in 2006, 66/426 deaths were preventable, and many more had lapses in care that could have hastened the prisoner’s demise.⁵ The major category of lapses was poor primary clinician management, such as the failure to follow up on abnormal lab results or other findings, though system delays contributed as well. Popular press reports have documented access problems, particularly in obtaining specialty consultation. Other studies have found

deficiencies in HIV care and mental health, though patients' subjective ratings of care have not been universally critical.^{6, 7, 8}

Given these undisputed deficits, the Receiver has taken a number of steps to accomplish its stated mission. To assure timely access to care, the Receiver has undertaken an Access Initiative.⁹ One of the key elements of this initiative is to create a system of access measures like the number of sick call requests reviewed within appropriate timeframes, and timeliness of specialist evaluation when necessary. The Access Initiative and the Receivers Turnaround Plan also call for the prison medical care system to be less reactive, and more proactive and patient centered. Much of the burden of disease in prison is chronic illness, and, echoing theoretical and practical advances in the field as embodied in the Chronic Care Model,¹⁰ the Initiative calls for regular rather than intermittent urgent visits, as well as population-based case management and disease registries to improve access.

To make the care safer and more effective, the Receiver has also embarked on a Quality Initiative. The Clinical Operations Branch manages credentialing and privileging, peer review, death review, and medical oversight. Within the Branch, a new Measurement and Evaluation Unit will be responsible for accomplishing Goal 4.11 of the Receivers' Turnaround Plan for Action – the establishment of “sustainable quality measurement, evaluation and patient safety programs” by July of 2011, for both accountability and improvement purposes.

In so doing, the Measurement and Evaluation Unit will no doubt want to build upon the explosion of quality measurement methods developed in the past few decades in the free world. In the wake of multiple high profile reports of poor quality care in the US system overall, the Institute of Medicine (IOM) and many stakeholders have called for routine quality measurement, and quasi-regulatory organizations from the National Quality Forum (NQF) to National Committee on Quality Assurance (NCQA) have not hesitated to provide the measures.^{11, 12, 13} While there have been several notable efforts to translate those measures to the correctional setting,¹⁴ this process is far from complete. Moreover, it is unclear how those efforts would best serve California's prisoner population.

The challenges for quality measurement in CDCR are manifold. Each prison has traditionally operated independently with little enterprise-wide coordination in setting standards or monitoring performance. Documentation of clinical activities is sparse or subpar. Much of the legacy Quality Management and Assistance Teams (QMAT) audit indicators depended on uneven written records. The electronic data systems to efficiently collect information on clinical performance or even access to care are lacking. Abt Associates found that CDCR faces “an urgent need ... to improve information technology infrastructure ... that supports quality measurement across the state.”¹⁸ CDCR and the Receiver have plans to institute a standardized electronic medical record (EMR) system in the next two years to remedy the situation, but improving prisoner's quality of care cannot wait for full EMR implementation. For that reason, any useful quality indicator set will need to look both to the present disorganized data environment and guide the post EMR implementation routine electronic performance monitoring.

Specific Aims

To aid the Receiver in establishing a sustainable access and quality measurement program, our specific aims are to:

***Aim 1: Assess Current Measurement Activities.** Catalog and assess the current CDCR access and quality measurement efforts.*

***Aim 2: Collect Other Systems' Approaches.** Perform an environmental scan of access and quality measurement strategies employed by non-California prison and other systems that address health care areas that parallel those faced by the prison population.*

***Aim 3: Recommend Measurement Strategies.** Conduct an expert panel to arrive at a recommended set of access and clinical quality measures for CDCR in the current data environment, and for the projected enhanced electronic data environment. Recommend near and medium term approaches to performance measurement.*

Methods

Theoretical Framework and Scope

We base our proposed scope of work in accomplishing these aims on several widely accepted theories of quality and access measurement approaches.

Quality

The IOM defines quality of care to be “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”¹⁵ Both inside and outside prison walls, debate has raged as to how strong an association is needed between the health service and the health outcome and how supportive professional knowledge and evidence must be for a service to be considered good quality. In this project, we have taken the view that prisoners’ health care should focus on those services that have clear links to accepted health outcomes, i.e. the basic access to quality health care that the constitution guarantees them rather than the overuse so common in the free world.

The classic Donabedian framework further divides quality into three basic components: structure, process, and outcome.¹⁶ Structures are relatively fixed inputs of care like the number of hospital beds or the presence of electronic medical records. Processes are the actions of the providers, and outcomes are the health states that result from those actions and other variables. Measures of each subcategory of quality have their advantages and disadvantages. Structural indicators are often the easiest to measure (if sometimes the hardest to improve), but can be remote from the goal of measurement – the improvement of health states. Process measures are most amenable to system or provider control, and thus most amenable to quality improvement efforts. Patients and stakeholders care

directly about outcomes, but many other factors beyond health care can influence outcomes, and these cannot always be adequately measured.

The Institute of Medicine has divided quality along a different dimension into six domains:¹⁵

- Effectiveness: Relates to providing care processes and achieving outcomes as supported by scientific evidence.
- Efficiency: Relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.
- Equity: Relates to providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.
- Patient centeredness: Relates to meeting patients' needs and preferences and providing education and support.
- Safety: Relates to actual or potential bodily harm.
- Timeliness: Relates to obtaining needed care while minimizing delays.

Structure, process and outcome measures can be used to study any of these domains. The best quality measurement efforts balance structure, process, and outcomes indicators and that philosophy will guide our work.

Access

The most common theory of access measurement, originally conceived by Aday and Anderson, and later modified for vulnerable populations by Gelberg, divides predictors of realized access or utilization into predisposing, enabling/impeding and need factors.¹⁷ Predisposing factors are relatively immutable system or patient characteristics like race. Enabling factors are more mutable, such as location. Perceived and externally evaluated need assess the potential clinical benefit for care. Some theorists have pointed out that structural elements, e.g. the availability of X-ray machines in a prison, in the Donabedian theory could also be conceived of as touching upon the predisposing access domain, and we will include such measures under structural quality of care rather than access. For the purposes of this project, we will focus on access measures assessing the IOM key domain of timeliness of utilization in the context of clinical need. An example measure might be the proportion of diabetic inmates with primary care appointments within one month of reception. As described in the Methods below, we will flag key areas of access that the Receiver and CDCR should consider in their short and long term approaches toward quality monitoring.

Note that these theories of access and quality do not directly address the system cost of providing care. Access theory does include cost to the patient as an enabling/impeding factor (something irrelevant to inmates who bear no financial costs of their care.) While efficiency is one of the IOM domains, cost is only half of the efficiency equation. Clearly, cost tracking is important to CDCR and the Receiver, but it requires an entirely separate theoretical structure, project expertise, and analytic method to build

measurement approaches. For now, we intend to explore with the Receiver whether cost or efficiency measures are within the scope of the project, but the current proposal does not address them. Instead, we will actively explore the relevance of measures of overuse (use of resources in which the medical harm exceeds the medical benefits) as a threat to efficiency.

Measurement approaches

There are several approaches to performance measurement (*Note that in the remainder of the document, we use performance measurement to mean quality and access measurement as defined above*) systems, though all tend to aim at the same underlying concept.¹⁸ The oldest form of quality measurement is clinician implicit review, such as that used in the analysis of preventable deaths in the California prison system. In its most structured form, implicit reviews elicit clinician judgments in specific categories of care using anchored rating scales. Such an approach has several limitations. First, it is expensive, because it uses highly trained labor. Second in most applications it has low inter-rater reliability, although in research applications, it can be higher. Lastly, the global judgments it produces are hard to relate consistently to specific quality improvement remedies.

Nonetheless, it is of the utmost importance to assess trends in preventable prisoner deaths as a gauge of the Receiver's progress in providing constitutionally acceptable health care, and implicit review is the only method flexible enough to accomplish that aim. After collecting better information as to how this is done presently in California and other systems, we will provide the Receiver with advice as to how this process might be improved. While credentialing and peer review also rely on implicit review to some extent and are also responsibilities of the Clinical Operations Branch, these areas have other organizational considerations for measurement and implementation. As with efficiency measures, we will explore with the Receiver whether evaluation of these methods is of sufficient importance to include in the scope of the project, but the current proposal does not address them.

Given implicit review's limitations, the most commonly employed approaches for access and quality assessment are explicit, using preset quantitative criteria. Focused explicit systems – such as HEDIS and the VA external peer review program – rely on a limited set of conditions and measures. The idea is that these few processes reflect what is going on more broadly. They have the advantage easily understood and, unlike implicit measurement systems, are actionable, but critics have argued it is easy to game the system and improve performance for one measure without more broadly elevating performance. Global systems – such as RAND's QA Tools and ACOVE – include a broader set of quality measures for a larger number of conditions, but can be unwieldy to implement. Global systems results are generally reported as aggregated scores – making action on any one measure more difficult – but the systems are also more difficult to game and results could spark broader systematic change.

In this project, we are cognizant of the difficulties that predisposed the broad audit system employed by the QMAT teams to failure, and will aim for a more limited set of essential focused explicit measures as a starting point.

Aim 1: Assess Current Measurement Activities

The first aim is to understand the current state of access and quality measurement in the CDCR. We will use a series of site visits, key informant interviews, and document reviews to ascertain the extent of current activities and assess their strengths and weaknesses. Though tasks in Aims 1-3 are presented in chronological order of their starting points, there is substantial overlap in the times of their activities as noted in the Timeline presented at the end of the project. Thus, tasks in Aim 2 can inform those in Aim 1, and we have noted some of the areas where we expect this to occur. We believe it will take one year to accomplish the aims of this project.

Task 1.1 Develop list of access and quality measurement activities

The first task for this aim will be to develop a list of current activities and decide what components of those activities meet the scope of quality and access measurement described above. The Quality Management Assistance Team audit instrument, a distinct instrument used by the Office of the Inspector General in 2008, and the regular death review conferences clearly meet these criteria. Similarly the Access Initiative has proposed a number of key indicators as exemplified in Appendix G of the Draft Design Document. Some, but not all of these are designed to measure the quality or effectiveness of the asthma disease management project (e.g. severity assessment at each asthma chronic care visit) while others are more general timeframes for evaluation (e.g. patients referred to sick call as routine will be seen within 7 days). Again, these clearly fit within the scope of the evaluation. Other activities and instruments may be in use to measure the care given in California Out of State Correctional Facilities (COCFs) while yet others may be specific to individual facilities within California. Our Advisory Panel may be able to suggest activities that we have missed as well (see Task 2.1 below). The project team will develop an initial list of activities in communication with Receiver staff and update and modify the list as the subsequent tasks of key informant, interviews, site visits and review of documents progresses.

Task 1.2 Collect demographic and clinical need data

To better understand the strengths and weaknesses of current activities and to inform the Aim 3 analyses (see below), we will review existing data on the number of California prisoners by facility, age, race, gender and other demographic characteristics. We will also review existing information on the rates of key disease states. For example, the recent Abt report has substantive data on the rates of conditions, general inmate conditions, as well as those requiring prison hospital bed use and long term care.¹⁹ The top ten conditions noted for the general prison population were: hypertension, anxiety disorder, low back pain, hyperlipidemia, history of tuberculosis exposure, arthritis, hepatitis C, gastroesophageal reflux disease, diabetes, and ischemic heart disease. We will compare these data to similar nationwide data to contextualize findings from Aim 2.

Task 1.3 Develop taxonomy of potential topics for measures

In this task, project staff will modify existing taxonomies of measurement topics to fit the current project needs.²⁰ We envision a matrix structure with clinical conditions forming the rows and the category of indicator forming the columns (see below for a draft). The exact enumeration of the rows will depend on the results of Task 1.1 and 1.2. Process measures are subdivided into screening, diagnosis, treatment and follow-up as previous studies have found different quality improvement implications. As we collect measures in subsequent tasks we will assign them to the cells in this matrix. Some structural and access measures will span rows, though the exercise of trying to match them to clinical needs is still useful in assessing their utility. As discussed above experiential measures are categorized under outcomes as well, and, like access and structural measures, they will be difficult to directly match to clinical conditions.

Figure 1: Draft Quality Measure Matrix

	Quality						Access/ Timeliness (e.g. time to urgent sick call visit)
	Structure (e.g. presence of EMR)	Process (e.g rates of beta blocker use)				Outcomes (e.g HgbA1c, satisfac- tion)	
		Screen- ing	Diag- Nosis	Treat- ment	Follow- up		
Chronic Diseases (e.g. CAD, cancer, HIV)							
Acute Diseases (e.g. trauma, pneumonia)							
Mental Health Conditions (e.g. substance abuse, depression)							

Measures of any of the IOM domains other than efficiency could be categorized within this matrix. For example, a measure of beta blocker use after myocardial infarction, an effectiveness measure, would end up in treatment process quality for coronary artery disease. Patient safety measures would be similarly categorized to more general quality measures, though they would be more likely to be in treatment or outcomes. For example, a measure of the rate of nosocomial MRSA infection would be categorized under acute infectious disease outcomes. Measures of patient centeredness, like satisfaction, are a form of outcomes.

Dental, chiropractic, and other nonallopathic medical content areas have been deliberately excluded from the matrix because of the difficulty of forming unitary evaluation teams with expertise in these related areas, but we will explore with the Receiver the need to alter the scope to include these areas if desired.

Implicit review measures are usually difficult to categorize in this way as they are deliberately global and holistic. They will be analyzed separately from the explicit measures. As noted above, we will focus on a particular kind of implicit review instrument in use in CDCR, the death review. The death review is an important part of any correctional systems efforts to improve care. Indeed preventable deaths, as evidence of poor outcomes, were a very important impetus for the current reforms. We will build upon Imai's work in collecting the measures and standards used in such reviews in preparation for an analysis of their strengths and weaknesses (see Task 1.7 and Aim 3).

We have already begun the recruitment of a series of content experts to help the project team with this cataloging task (see Key Personnel and Project Organization below). For example, we have recruited a physician with special interest in HIV, Hepatitis and other infectious diseases common to prison populations to review existing measures in these areas. Similarly, we have recruited a physician with experience in geriatric chronic disease, and another with a special interest in access measures. Yet another content expert identified has emergency department training and will help review the acute care measures and those associated with transfer to higher levels of care, a problem of special import to the prison system. Each of these content experts has some correctional care and research experience.

Task 1.4 Review of existing documents

We will collect and review documents that describe the current access and quality measurement initiatives underway in CDCR. Some of these documents are already referenced in this proposal, and others are available on the Receivership website, others have been filed with the court. However, we anticipate that CDCR may have internal working documents, audit instruments and protocols not available to the public. These may include documents that describe the data system capabilities of appointment tracking software as well as diagnostic, laboratory, and pharmacy databases. Protocols for tracking clinic and facility level performance may be available, as may standard operating procedures for guideline implementation and nurse standing orders for key processes. We will work with Receiver staff to accumulate those documents and ascertain the currently available measures, and categorize them according to the taxonomy developed in the previous task.

Task 1.5 Key informant interviews

We will also analyze the documents and work with the Receiver to identify leaders within CDCR in the area of quality and access measurement. These may be administrators at the state or facility level, or even line nurse or physician opinion leaders. Special attention will be paid to staff involved in the death review process and those involved in the development of the enterprise-wide EMR. We will develop an interview guide to help

researchers discuss the extent of access and quality measurement activities, and to elicit their opinions as to their strengths and weaknesses. Interview topics would include:

- awareness of measures identified in previous tasks or others they may suggest;
- how accurate and reliable the measures are;
- definitions of preventability used in the death review process;
- availability of disease registries;
- the reliability of the underlying data sources;
- how useful those measures are for accountability and quality improvement purposes;
- organizational barriers to dissemination and use of the measures;
- the difficulty of producing reliable measurement data or complying with the measures themselves; and
- facilitators and barriers to measure improvement if an electronic medical record were implemented.

Most interviews will take place by telephone, although select interviews may be arranged in person in conjunction with site visits (see Task 1.5). Each interviewer will take extensive notes, and these will be analyzed on a periodic basis with group input to extract themes and add to the list of currently used measures. As in all phases of the project, we will work closely with the Receiver staff in selecting the interviewees and fine tuning interview topics.

Task 1.6 Site Visits

To supplement our understanding of the ways in which quality and access measures are being used particularly in conjunction with ongoing access and quality improvement initiatives, we plan three or four site visits to California prison facilities. While the selection of these sites will be the subject of discussions with the receiver, we currently plan to visit two of the facilities host pilot programs in access and quality improvement (San Quentin and Richard J Donovan (RJD) Correctional Facility). We plan to select the third and possibly fourth facility to represent those that have not yet been as fully exposed to the transformational philosophy of recent Receiver initiatives, like Avenal, or perhaps those with large medical operations like the Correctional Medical Facility (CMF). Each site visit team will consist of a site visit leader, most likely a clinician, and a research assistant (see Project Organization below). Each site visit is conceptualized as a single day activity in which we interview the lead physician and nurse, at least one line physician and nurse, and personnel responsible for data management, and observe data collection procedures. Prisoner representatives may also be interviewed to ascertain what they believe are the most important health needs. We will base the site visits protocols on the interview guides developed in Task 1.4 and analysis will proceed similarly to Task 1.4 as well.

Task 1.7 Preliminary assessment of strengths and weaknesses

Once data collection within CDCR is complete, we will perform a rapid assessment of the strengths and weaknesses of the measurement system in preparation for the more formal assessment described in Aim 3. The content experts and other project staff will look through the matrix for gaps in scope of the measurement system. In so doing they

will look for opportunities to cover the IOM quality domains other than efficiency, (i.e. effectiveness, equity, safety, patient centeredness, timeliness) either through direct measurement or through analyses of the relationship of patient demographics like race with the measures themselves.

Aim 2: Collect other systems' approaches

Other correctional systems (and noncorrectional systems) have faced similar challenges in measuring the access to quality health care. In this aim, we will perform an environmental scan of available measures that have been used and which may be potentially applicable to California, in order to inform California's construction of a measurement portfolio. Many of the procedures and methods parallel those of Aim 1, as noted below.

Task 2.1 Constitute Advisory Panel

We will constitute an Advisory Panel with nine national and state experts to help us select several correctional systems that have developed measurement systems. This same Advisory Panel will act as an Expert Panel in Aim 3 to help construct a recommended measurement set. Potential members will include leading academics like Robert Greifenger of John Jay University, system leaders like Marc Stern, the Chief Medical Officer of Washington State system, and one prisoner advocate, like Nick Freudenberg. Five of the panel members will be selected from within California to assure that local concerns remain paramount. Some of the California members may be the CDCR leaders like Joseph Blick of the CMF, while others may be from outside CDCR. The majority of panelists will have clinical training, and a deliberate attempt will be made to represent a broad variety, including primary care physicians, nurses, mental health professionals, and others with direct correctional system clinical experience recommended by professional groups. We will pay special attention to Institute for Medical Quality (IMQ) prison group on this process. Recruitment of the panel will begin upon notification of the award. CVs of proposed panelists will be reviewed with Receiver staff if desired.

Task 2.2 Select comparison systems of measurement

With the advice of the Panel, we will choose several correctional systems that are national leaders in the area of performance measurement, such as Texas, Missouri, or Washington State, as well as one or two that face similar or worse organizational and data system challenges as California (e.g. Louisiana or Mississippi). Texas has a ten year history of managed care and academic involvement in prisoner health, tracking clinical indicators and showing improved outcomes.²¹ The Federal prison system is a promising model as well with increasingly sophisticated system-wide measures of performance and improving record systems. The Chief Medical Officer of the Federal system, Newton Kendig, has already assured the project team of his full cooperation. The American Correctional Association has recently updated its performance and accreditation standards for health care, last published in 2002, and is widely used especially in smaller correctional systems.²² The revision, which should soon be available, has dozens of measures replete with detailed technical specifications, and is aimed at systems that do not necessarily have sophisticated data resources. There are structural measures of

training and presence of protocols, process measures like rates of antiretroviral treatment in HIV, and outcomes measures such as rates of tuberculosis and access measures.

CDCR may also benefit greatly from adaptation of free world measures. Other governmental integrated systems like the Veterans Administration (VA), the Department of Defense, and the Indian Health Service have established performance measurement systems that may yield useful comparisons. The VA in particular has a system that dates back more than a decade spanning the quality (including satisfaction) and access domains, and has been associated with dramatic quality improvements.^{23, 24} Finally we will review the relevant clinical quality and access standards promulgated by the National Quality Forum, the National Committee for Quality Assurance, and the Centers for Medicaid and Medicare Services. The reviews of these systems will be focused and selective in nature, and primarily designed to fill the gaps in scope, validity or data availability identified in the correctional system performance measurement set.

Task 2.3 Compile and catalog explicit measures from comparison systems

Once the comparison systems have been selected we will perform a parallel though less in depth data collection effort as described under Tasks 1.2-5 above. Review of relevant documents describing the performance measurement systems will constitute the core of the effort for this task. This will begin with a literature review using standard search terms in the National Library of Medicine Pubmed database, and hand-searching of key references. Searches of the comparison organizational websites will supplement the literature review. The key informant interviews of comparison system personnel will be confined to no more one or two systems. In addition to the topics described in Task 1.5 above, we will request further documentation of performance measurement specifications that might not be available on websites or in the peer reviewed literature.

We will use the same framework described above in Task 1.3 above to catalog the measures. Content experts will assign them to clinical and functional areas. We will pay particular attention to the access domain, as these measures are the most difficult to translate directly from free world performance measurement systems. Structural elements like the Receptions and Release functions, formal requests for Sick Call clinic and transportation and security problems for specialist care have no direct analogies in free world systems. Indicators of when to transfer patients to higher levels of care, which could be considered either process or access measures, also have enormous implications within the prison system and will be the subject of special scrutiny.

Task 2.4 Compare other systems approaches to implicit reviews

Other correctional systems have developed implicit quality review approaches that may be informative to the CDCR and the Receiver, particularly in the area of death reviews. We will collect information on how death reviews are conducted in other correctional systems, what standards and criteria other systems use, and what sort of personnel and procedures are employed. The problem of defining and ascertaining preventability is of particular concern, as is that of ensuring reliability of death reviews across reviewers. Much of this data may not be available in written materials and will be the subject of key informant interviews.

Task 2.5 Brief Receiver staff on preliminary findings from Aims 1 and 2

As in Aim 1, we will end Aim 2 with a preliminary assessment of the overall strengths and weaknesses of the measurement systems available at other correctional systems in preparation for Aim 3 activities. We will compare the clinical and functional content of other systems' measures to that of the CDCR, as well as the relative reliance on structured electronic data systems or more cumbersome written chart reviews. The depth, breadth, burden, and procedures associated with death reviews will also be compared. We will brief Receiver staff on the results of these data collection and analysis efforts just past midway through the project. We will incorporate Receiver staff's input into the interpretation of the findings and into preparations for Aim 3.

Aim 3 Recommend measurement strategies

The transformation that CDCR is now undergoing presents a dynamic environment for recommending performance measurement strategies. The Receiver cannot wait for the implementation of widespread quality improvement programs or an EMR to begin performance measurement for accountability purposes, yet these very efforts will change the likely utility of any measurement portfolio. For that reason, we envision a staged approach that allows for early adoption of a few measures followed by a broader set linked to these structural improvements.

Task 3.1 Assess explicit indicators' validity and applicability

We will develop an assessment tool for analyzing the validity of collected indicators and their applicability to the CDCR setting. The framework set out by Stone et al. in their article describing the Missouri system will inform this tool as will one previously developed at RAND.^{25, 26} The criteria will address at least the following domains:

- Clinical importance to populations at risk, including, for non-outcomes indicators, likely magnitude of the link to clinical outcomes;
- Amenability to change and improvement;
- Link to evidence or guidelines that supports the care represented by the indicator;
- Relevance to likely future specific quality improvement efforts in CDCR;
- Data requirements in the current environment and a likely future CDCR EMR environment;
- Likely variation at accountable entity levels (i.e. physician or facility)
- Coverage of IOM domains of effectiveness, safety, equity, patient centeredness, and timeliness,
- Extent to which the indicators represent a basic and sustainable level of services

Project staff will evaluate candidate indicators against these criteria in deciding whether to recommend them for further consideration. This will be a dynamic group process led by a doctorate prepared health services researcher, assisted by the content experts and other clinically trained project personnel. Indicators will not be explicitly rated on any of these criteria, instead an expert panel will provide quantitative ratings in a later step.

Task 3.2 Assess implicit measurement systems' validity and reliability

We will conduct a parallel process in analyzing the implicit death review instruments collected from CDCR and elsewhere. We will assess the likely validity of the definitions of preventability and the sources of antecedent process error (e.g. clinician misjudgment or system failure). Contributions of other elements to validity like the length of medical record review prior to death, and the scope of the conditions considered relevant to the review will also be considered. We will cull the best definitional elements from the collected protocols for use in a newly recommended system for CDCR. In addition, we will evaluate procedures for maximizing the reliability of death reviews, like templates, intermediate structured sub-global or condition-specific numerical assessments, group training of reviewers and formal inter-rater reliability testing. The product of this task will be an idealized death review protocol as well as suspected areas for development to present to the panel for their comments.

Task 3.3 Construct draft balanced list of indicators

Once the candidate list of valid and applicable indicators from Task 3.1 is available, project staff under the leadership of the co-PI will begin the task of winnowing the list for presentation to the Expert Panel for rating. The first consideration in so doing will be to produce a list that is balanced across the clinical and functional domains of interest. For example, ischemic heart disease has many free world and some correctional system measures, but only a finite portion of the performance measurement bandwidth and data collection effort can be apportioned to a single condition, no matter how important. The matrix developed in Task 1.3 will allow project staff to ensure that the most relevant functional domains will be covered for important clinical conditions.

Just as importantly, project staff will propose two sets of balanced indicators. The smaller set may require clinical chart review for some indicators but will depend primarily on legacy data systems that already exist within CDCR. This set could be implemented even before an enterprise-wide EMR is available. The larger set would take advantage of the vast expansion of abstractable data fields that will likely derive from the EMR data aggregation function.

Though estimates of the numbers included in the draft indicator set are premature, still more so are the numbers of indicators that the panel will eventually recommend, we envision a set of no more than several dozen. This number has served other integrated systems well by focusing quality improvement efforts without imposing unnecessary burdens or distractions on clinicians.

Task 3.4 Identify potential gaps in measurement strategies

Project staff will also prepare an estimate of gaps in the measures systems and our evaluation for the panel's consideration. For example, the panel will be told of our decisions to exclude efficiency measures and dental care, so that they may weigh in on the importance of future work to include these areas. Similarly, we will summarize for the panel the areas in the matrix that were not covered by identified indicators and the challenges for the death review process.

Task 3.5 Prepare for and conduct expert panel

In conducting the expert panel, we will rely on the RAND/UCLA modified Delphi method. This method has been applied in a wide variety of clinical settings to measure expert opinion and has been shown to predict future randomized controlled trials.²⁷ It minimizes the possibility of dominant panelist personalities overwhelming discussion of the evidence through structured ratings and explicit consideration of the supporting evidence. While the Delphi method is most commonly used to develop new indicator sets, it can be used to rate existing indicators as we plan to do on this project.

In producing the pre-panel materials, we will return to the original source materials to produce a brief summary of supporting data for each measure. We will also provide the panelists with the description of gaps in the measurement system and the analysis of the implicit death review. For background and context panelists will also receive descriptions of the Quality and Access Initiative as well as relevant portions of the Turnaround Plan.

Selection of the panelists was described above under Aim 2. After their first short telephone meeting, again described above, each panelist will be polled for availability for a full day meeting in the tenth month or so of the project. Non-west coast panel members will be asked to attend by telephone to reduce inconvenience to them and cost to the project. Each will receive both the pre-panel materials described above and a form asking them to rate potential performance indicators as to their importance on a one to nine scale, once for current data structures, and once for future EMR data structures. At the panel meeting, the panelists will be able to see their own rating and the range of ratings of the other panelists. Each indicator will be discussed in turn by the panel as a whole with the clinical content specialists present to answer questions as to the supporting evidence. Then the panelists will re-rate each indicator.

The panel will also serve as a focus group to discuss other issues such as the definitions of preventability in death reviews, the staging of measure introductions, best directions for measurement guided quality improvement efforts, best techniques and level of individual or aggregate feedback to providers and facility participants in the measurement system, and the distribution of measurement burden. This free ranging discussion will take place after the end of the formal rating process and will be summarized in the final report.

Task 3.6 Construct list of recommended indicators and specifications

Once the panel deliberations and ratings are over, we will analyze the ratings. Ratings of seven or greater without statistical disagreement will denote indicators recommended by the panelists for CDCR use. We will return to the original source material for all final indicators to compile the full technical specifications.

Task 3.7 Recommend complementary implicit strategies

We will combine the panel deliberations with our previous findings on implicit review strategies to provide a final set of recommended definitions, protocols, and procedures for death reviews. These will concentrate on proper procedures for chart sampling, improving reliability and definitions in assessing poor antecedent death care, especially

that of preventability, and linkage to subsequent policy relevant quality improvement activities.

Task 3.8 Brief Receiver staff on preliminary results

In the final month of the project, we will compile the results into a summative briefing for Receiver staff. We will solicit comments and suggestions for improvement of the interpretation and analysis at this point. We expect the PI and CoPI to be present for this briefing at the Receiver's offices.

Task 3.9 Produce and submit final report

We will integrate any such suggestions into a final written report summarizing the methods and findings for all Aims of the project. Dissemination activities will also include submission of publications to the peer-reviewed medical press and presentations at academic conferences, with Receiver staff participating as authors if they desire. RAND staff will be available for briefings of other key stakeholders in State government if the Receiver desires.

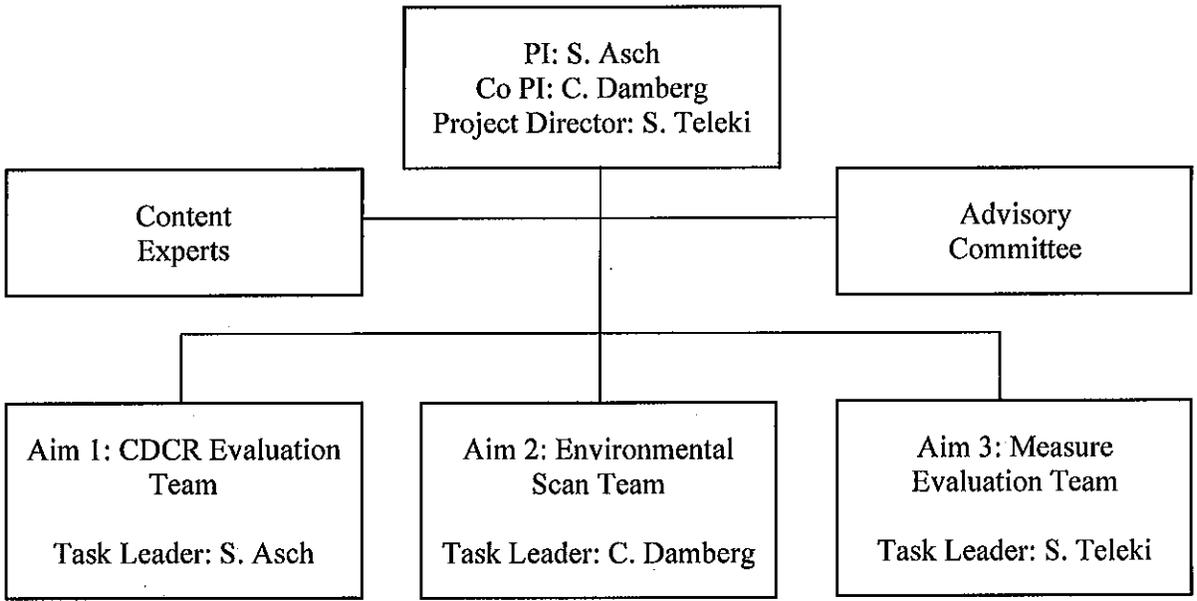
Project Organization

The project will be organized into three teams, one for each Aim (see Chart below). The Aim 1 team will be led by the PI, Dr. Steven Asch, and will include substantial effort from Liisa Hiatt and a number of content experts. Under the direction of this team will be the site visit teams, each composed of at least two project staff, one clinician likely drawn from the team of content experts and a research assistant. This team will also be responsible for the collection of relevant documents from CDCR and the Receiver regarding current CDCR operations.

The Aim 2 team will be led by the Co-PI Cheryl Damberg and will be assisted substantially by Rebecca Shaw. This team will be responsible for the key informant interviews of comparison systems, and for developing the key informant interview instrument. They will also be responsible for the collection and notation of all the indicators into the matrix.

The Aim 3 team will be led by Stephanie Teleki, though Lee Hilborne, Steven Asch, and Cheryl Damberg as well as the content experts will make contributions to the final draft indicator set selection. This team will be responsible for the preparation and conduct of the expert panel meeting and the compilation of the results.

Project management under the overall direction of the PI will take place through weekly all project meetings, supplemented by similarly frequent team meetings during active periods. The PI and Co-PI will be responsible for all communications with Receiver staff.



Personnel and qualifications

About RAND and RAND Health

For more than 50 years, decision-makers in the public and private sectors have turned to the RAND Corporation for objective analysis and effective solutions that address the challenges facing the nation and the world. These challenges include such critical social and economic issues as education, poverty, crime, and the environment, as well as national security issues. Today, RAND researchers and analysts continue to be on the cutting edge of their fields, working with decisionmakers in both the public and private sectors to find solutions to today’s difficult, sensitive, and important problems. Through its dedication to high-quality and objective research and analysis and with sophisticated analytic tools developed over many years, RAND is engaged with its clients to create knowledge, insight, information, options, and solutions that will be both effective and enduring.

To provide the varied expertise required to fully address major issues, RAND has developed a professional staff representing a wide range of disciplines. RAND has many areas of expertise including civil justice, health and health care, infrastructure and transportation, international affairs, national security, population and aging, public safety, science and technology, and terrorism and homeland security. Eighty-five percent of the research staff holds advanced degrees, most commonly a doctorate or a medical degree.

RAND Health, a division within RAND, is one of the largest private health research groups in the world. More than 200 projects are currently underway addressing a wide range of health care policy issues. The research staff of more than 170 experts includes physicians, economists, psychologists, mathematicians, organizational analysts, political

scientists, psychometricians, medical sociologists, policy analysts, and statisticians. Many RAND Health researchers have national reputations. The program's capabilities are further broadened by long-standing collaborative relationships with other research organizations, including the University of California-Los Angeles (UCLA) and the local region of the Department of Veterans Affairs. More information about RAND Health is available on its web site at www.rand.org/health.

Key Personnel

Brief descriptions of the key personnel and their roles on the project are described here, and more detailed CV's are appended below.

Steven Asch, MD, MPH is a Senior Researcher at RAND as well as an Associate Professor at the Geffen School of Medicine at UCLA and the VA Greater Los Angeles Healthcare System. He has extensive experience leading quality assessment and improvement projects. His research interests focus on the application of quality measurement systems to the reduction of underuse of necessary medical care, particularly in the areas of public health and communicable disease. He is the current or former recipient of the Presidential Early Career Award for Scientists and Engineers, the Advanced Career Development Award from the VA Health Services Research and Development Service, and was a Robert Wood Johnson Clinical Scholar.

Dr. Asch led the Access to Care for the Elderly Project, which developed administrative data-based methods for monitoring Medicare beneficiaries' care. With Dr. Beth McGlynn, Dr. Asch serves as a principal investigator for Quality Assessment Tools, a comprehensive, clinically based system for quality assessment that can be used in managed care, medical group, and community settings. He is also the principal investigator of a series of projects investigating the barriers that HIV and tuberculosis patients face in obtaining needed medical care. Dr. Asch directs a national center for HIV quality improvement research as part of the VA Quality Enhancement Research Initiative. Dr. Asch has served as a consultant to the National Committee for Quality Assurance, the Medicare Payment Advisory Commission, and the Los Angeles County Department of Health Services (LACDHS). He is the author of more than 120 peer reviewed articles. Dr. Asch will serve as the Principal Investigator of the project and directly lead Aim 1 activities.

Cheryl Damberg, PhD, is a Senior Researcher at RAND, with 18 years of experience as a health policy analyst and researcher for the government and private industry. Her areas of expertise include pay for performance, quality measurement, patient safety, consumer-directed health plans, and assessing the impact of health care reform initiatives on quality and costs. Dr. Damberg is currently the PI on a study funded by the Assistant Secretary for Planning Evaluation looking at construction of episodes of care for the purposes of quality measurement/accountability and payment. Dr. Damberg has led a number of pay for performance (P4P) program evaluations, including the Integrated Healthcare Association's P4P program, which is the largest P4P program in operation in the U.S. She also currently is a co-investigator on the evaluation of the CMS-Premier hospital pay for performance demonstration. During the past year, Dr. Damberg served as the Principal Investigator on a project to examine the state-of-the-art in hospital pay for

performance and assist the Centers for Medicare and Medicaid Services (CMS) with developing a plan for value-based purchasing of Medicare hospital services. In 2005/2006, Dr. Damberg served as co-Principal Investigator on a study of physician pay for performance and its application to the Medicare fee schedule for the US DHHS. Dr. Damberg is a lead investigator on the RAND — Watson Wyatt three-year study of Consumer Directed Health Plans that is examining changes in utilization, costs, and quality related to use of new plan design features. She serves as the co-Principal Investigator on a six-year evaluation of the Agency for Healthcare Research and Quality's patient safety initiative. Dr. Damberg's prior professional experience includes working as Research Director to the Pacific Business Group on Health where she was responsible for carrying out several large-scale quality measurement projects addressing patient experience and clinical measurement. She has also worked as a Senior Consultant to Fortune 100 firms for the MEDSTAT Group and as a Research Fellow for the United States Department of Health and Human Services' Office of Disease Prevention and Health Promotion. Dr. Damberg received her Ph.D. in Public Policy from the RAND Graduate School of Policy Studies and a Masters of Public Health from the University of Michigan. Dr. Damberg will serve as the CoPrincipal Investigator of the project and lead Aim 2 activities.

Liisa Hiatt (MS, Public Policy Analysis, University of Rochester) is a Senior Research Associate for RAND Health. Her recent work includes supervising a large medical record collection effort in 12 communities and overseeing the subcontractors involved, managing a feasibility study of a condition-specific outcomes database, and leading a project to evaluate the nutritional content reporting system for school lunches for the USDA. She is currently managing the Comprehensive Assessment of Reform Efforts (COMPARE) Project. This project aims to evaluate various mechanisms for reforming health care in the United States. In addition, she is managing a team which is working to operationalize quality indicators for use in assessing mental health care in the Veteran's Administration using medical records. Prior to coming to RAND, Ms. Hiatt was a research assistant in the Department of Political Science at the University of Rochester and a research analyst at the Center for Governmental Research in Rochester, NY. She has also worked as a bilingual elementary school and preschool teacher. Ms. Hiatt will serve as a research assistant on the project and will coordinate Aim 1 activities including site visits.

Lee H. Hilborne (MD-UCSD 1982; MPH-UCLA 1988) is Professor of Pathology and Laboratory Medicine at UCLA and Deputy Director for Global Health at the RAND Corporation in Santa Monica, California. He is involved in a number of RAND projects including the assessment of Medicare payment differentials for ambulatory care by site of service, development of quality metrics for hospital ambulatory services, assessment of opportunities to bundle facility payments for ambulatory services, and development of strategies to improve diagnostic services in developing countries. Past RAND work includes a leadership and research role in the development of a conceptual framework for redesigning the National Hospital Discharge Survey, development of a National Health Authority (NHA) for the State of Qatar, the evaluation of potential causes of Gulf War Illnesses, evaluation of Pay for Performance for Breast Cancer in Taiwan, and

development of Appropriateness of Care criteria for a set of seven common clinical conditions. Dr. Hilborne is also the Director of the UCLA Center for Patient Safety and Quality for ten years was Director of Quality Management Services and Associate Director for UCLA Healthcare. He continues to work with the Medical Center to address quality and reimbursement issues for Medicare and other patients. Dr. Hilborne is President of the American Society for Clinical Pathology (ASCP) and a member of the Board of Directors of the Institute for Medical Quality (IMQ) and a member of the Joint Commission's Professional and Technical Advisory Committee for Hospitals and the Clinical Laboratory Improvement Advisory Committee (CLIA). Dr. Hilborne will serve as a senior advisor on the project and as a content expert for measures of diagnostic testing quality.

Rebecca Shaw (M.A., Social Work, Health Administration and Policy, University of Chicago); Senior Project Associate. Ms. Shaw provides research support and project management for a diverse range of multi-disciplinary, multi-phase projects. She primarily specializes in the areas of healthcare quality and patient safety, health information technology, and child and adolescent well-being. In her research support role, she has extensive experience conducting interviews and literature reviews, developing qualitative and quantitative data collection tools, synthesizing information and providing overall project management activities. Her current projects include assessing the diffusion of patient safety tools and practices within hospitals and assessing the financial and clinical impact of recent changes to workers' compensation regulations in California. Her recent work in the area of health information technology involves examining successful adoption of health information technology and its application for improving health care quality and patient safety. She has also been involved in the design, implementation, and ongoing management of several web-based decision support tools that assist healthcare consumers in making health-related decisions and promote access to high quality healthcare. Her project management responsibilities include budgeting, project monitoring and reporting, and conference planning. Prior to joining RAND, she worked for the American Medical Association, where she maintained the AMA's *Adolescent Health On-Line* web site, and coordinated a national multi-disciplinary coalition working to improve health professionals' capacity for addressing adolescents' physical and psychosocial needs. Ms. Shaw will serve as a research assistant with substantial contributions in Aim 2.

Stephanie Teleki, PhD joined RAND Health in 2002. Her interests include: health care quality; patient experience; pay-for-performance; consumer and physician behavior; consumer information; health insurance/access to care; and prescription drugs. Dr. Teleki has been involved in a variety of projects at RAND related to performance measurement, most notably an assessment of the feasibility of using claims data to measure quality of care with RAND Quality Assessment tools ("QATools"), particularly with regard to care provided by individual physicians. She has done extensive work in patient experienced measures, serving as co-principal investigator on the RAND CAHPS team, and has researched patient experience issues as part of her roles on both CAHPS Reports and QI teams; she is also a co-principal investigator on RAND's Medicare CAHPS Reports team. She has been involved in cognitive testing, interviews,

study design, literature reviews, extensive project management/client interaction, and both qualitative and quantitative data analysis. Dr. Teleki has conducted several environmental scans of both physician and hospital-level pay for performance for CMS (Medicare) and the Assistant Secretary for Evaluation and Planning (ASPE) of the Department of Health and Human Services, experience that will serve her well in her contribution to Aim 2 of this project. Prior to joining RAND, Dr. Teleki, worked as a researcher at Kaiser Permanente, the UCLA Center for Health Policy Research and the University of Texas M.D. Anderson Cancer Center. She received her Ph.D. in Health Services Research and Policy from the UCLA School of Public Health, Department of Health Services. She holds an MPH from the University of Texas School of Public Health and a BA from Amherst College. She will serve as the project director and lead Aim 3 activities, while substantially contributing to the environmental scan methods of Aim 2, and the collection of satisfaction measures in both Aim 1 and 2.

Content Experts

The project has been fortunate to recruit a number of clinical experts with a combination of research experience and correctional care interests. They will vet measures in specific areas and may serve as site visitors. Though we believe that this team of content experts will be sufficient to accomplish the project aims, we may recruit more if unexpected content areas arise in the course of the project.

Brie Williams MD MS is an Assistant Professor of Medicine in the Division of Geriatrics at the University of California, San Francisco based at the San Francisco VA Medical Center. She has a BA in American Studies from Wesleyan University and received her MD and MS in Community Medicine from the Mount Sinai School of Medicine. After completing internship and residency training in Internal Medicine at UCSF, she became a Clinician Educator in the UCSF Division of General Internal Medicine, and later returned to training to complete the UCSF Geriatric Clinical and Research Fellowship. Dr. Williams joined UCSF's Division of Geriatrics faculty in 2007 as a recipient of the Hartford Geriatrics Health Outcomes Research Scholar Award. Dr. Williams' current work focuses on the intersection between geriatric medicine and the legal system. Her recent focus is on understanding and improving the health of older adults in the criminal justice system and during their transition back into community healthcare systems. Dr. Williams is Co-Founder and Co-Director of the Geriatrics Teaching and Consultation Service at San Quentin Prison, has worked as a healthcare consultant on a report about the aging of the prisoner population for the California Department of Corrections and Rehabilitation, has served as a geriatric healthcare expert to several legal organizations, and is a Brookdale Leadership in Aging Fellow. Dr. Williams time will be covered through an honorarium.

Rhondee Benjamin-Johnson, M.D., M.Sc., graduated Summa Cum Laude from Spelman College in Atlanta and earned a masters degree in anthropology at The London School of Economics and Political Science. She completed her medical training at Harvard Medical School and Brigham and Women's Hospital. She is interested in access

to care for vulnerable populations and with a specific focus on incarcerated persons. She worked as a full-time clinician in Washington, DC dividing her time between a community health center and the DC Department of Corrections. She is currently a RWJ Clinical Scholar and her time will be donated to the project.

Corita Grudzen MD MSPH is an emergency physician and former UCLA RWJ Clinical Scholar now on the staff of Mt. Sinai Medical School. She has experience with expert panel process and has served as a clinician in correctional care facilities. Her time will be covered through an honorarium.

Emily Ai-Hua Wang MD MCS is a Harvard and UCSF graduate who has just taken a position as an Assistant Professor at the Yale School of Medicine. She has done both clinical and research work in the California correctional system. Her time will be supported through an honorarium.

Ambeshie Yesus MD is a Yale and Duke graduate now a health services research fellow at UCLA. She has specific interests in HIV and hepatitis in correctional care environments and has served in as a clinician in California public systems. Her time will be donated to the project.

Planned Meetings and Deliverables

It is understood that presentations and meetings do not necessarily constitute deliverables as stipulated in the RFO, but the following sets combined expectations for both. More frequent conference calls are also expected.

1. **Initial Meeting:** Within 30 days of the initiation of the project, the Principal Investigator and selected project staff will travel to offices of the Receiver for an initial meeting. This meeting will focus on the modifying the proposed plan to best suit the Receiver's objectives and timelines.
2. **Advisory Panel conference call:** Within four months of the project initiation, project staff will convene a telephonic conference of the Advisory Panel to review strategies for data collection for Aims 1 and 2.
3. **Aim 1 and 2 Briefing.** As the tasks associated with the first two aims are winding down, the Principal Investigator and Task One and Two leaders will travel again to the Receivers' office to present interim findings on current access and quality measurement activities in CDCR and other relevant systems.
4. **In Person Advisory Expert Panel.** This conference will be held at RAND and involve California and national experts rating and discussion of proposed component measures of a future CDCR performance measurement system. Receiver staff will be invited as observers and will receive the written materials available to panelists beforehand.

5. Final Briefing: To be held at the Receiver's office, this will involve presentation of draft results of all aims due one month before the end of funding.
6. Final report: Due two weeks before end of funding. This comprehensive written documentation of the findings from all tasks will take into account feedback at the final briefing.

Conclusion and future challenges

Measuring prisoners' access to and quality of care entails significant technical challenges, some of which are specific to the correctional environment and many of which face all learning health care delivery organizations. The political and policy challenges of building a performance measurement strategy for CDCR in 2008 are unique, however. The Receiver must revitalize a system that has faced and will continue to face intense public and legislative scrutiny. Moreover, it must do so in a sustainable way so that any new monitoring systems will persist after an anticipated resumption of direct state management. Objective high quality analysis in partnership with Receiver staff, such as described above, is a key step toward building a monitoring system that will be perceived as legitimate for years to come by all major stakeholders. Only such a system will guide the important next steps of developing effective quality improvement programs and an institutional culture of high expectations, so that prisoners may receive the health care that our society has promised them, regardless of their misdeeds. If we can guide their providers properly, prisoners' bad choices need not inevitably lead to bad health care.

Table 1: Project Timeline

Description	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
Kickoff meeting												
<i>Aim 1: Assess current CDCR measurement activities</i>												
Task 1.1: Develop list of access and quality measurement activities												
Task 1.2: Collect demographic and clinical need data												
Task 1.3: Develop taxonomy of potential topics for measures												
Task 1.4: Review of existing documents												
Task 1.5: Key informant interviews												
Task 1.6: Site visits												
Task 1.7: Preliminary assessment of strengths and weaknesses												
<i>Aim 2: Collect other systems' approaches</i>												
Task 2.1: Constitute Advisory Panel												
Task 2.2: Select comparison systems of measurement												
Task 2.3: Compile and catalog explicit measures from comparison systems												
Task 2.4: Compare other systems approaches to implicit reviews												
Task 2.5: Brief receiver staff on preliminary findings from Aims 1 and 2												
<i>Aim 3: Recommend measurement strategies</i>												
Task 3.1: Assess explicit indicators' validity and applicability												
Task 3.2: Assess implicit measurement systems' validity and reliability												
Task 3.3: Construct draft balanced list of indicators												
Task 3.4: Identify potential gaps in measurement strategies												
Task 3.5: Prepare for and conduct expert panel												
Task 3.6: Construct list of recommended indicators and specifications												
Task 3.7: Recommend complementary implicit strategies												
Task 3.8: Brief receiver staff on preliminary results												
Task 3.9: Produce and submit final report												

KEY PERSONNEL CV's

CURRICULUM VITAE

Steven M. Asch, M.D., M.P.H.

EDUCATION

B.S. Yale University, New Haven, Biology, *cum laude*, 1984
M.D. University of California, San Diego, School of Medicine, 1988
M.P.H. University of California, Los Angeles, School of Public Health,
Epidemiology 1994
Residency: Primary Care Internal Medicine, UCI, 1988-91
Fellowship: University of California, Los Angeles, Robert Wood Johnson
(RWJ) Clinical Scholar, 1992-4

CERTIFICATES, PROFESSIONAL

California License G67484
DEA BA2154158
National Provider Identifier: 1487764783 Internal Medicine g67484 CA
Diplomate of the American Board of Internal Medicine, 1991-
Certification from the American Board of Hospice and Palliative Medicine, 2003-

ACADEMIC APPOINTMENTS

Deputy Associate Chief of Staff for Health Services Research, VA GLAHS, 2004-
Associate Professor of Medicine, UCLA School of Medicine, July 2002-
Assistant Professor of Medicine, UCLA School of Medicine, 1996-2002
Research physician at VA GLAHS, 1996-
Researcher, RAND Health, 1994-
Assistant Professor of Medicine, USC Division of General Internal Medicine, 1994-6
Staff physician, UCI North Orange County Community Clinic, 1991-2
Affiliate Member, Pardee RAND Graduate School Faculty, 2006-

PROFESSIONAL ACTIVITIES AND AFFILIATIONS

Committees, advisory boards and expert panels:

UCI Ethics Committee, 1988-91
Community Advisory Board, Altamed Corporation, 1993-4
Curriculum Committee for Doctoring, a preclinical course in the art of medicine, 1993
LA County Department of Health Services TB Issues Committee, 1993-5
RAND Human Subjects Protection Committee, 1994-
RAND Emergency Room Utilization Expert Panel, 1995
USC Physicians Quality Assurance Committee, 1995-1996
Value Health Science Senior Care Advisory Panel, 1996
Bristol Meyers Squibb Scientific Advisory Panel for CHOICE project, 1997
Foundation for Accountability Quality Measures for HIV and AIDS Care National Roundtable, 1998
National Committee for Quality Assessment (NCQA), HIV Measurement Advisory Panel, 1997-1999
Veterans Affairs VISN 22 Subcommittee on Performance Evaluation, 1996-97
LA County Department of Health Services Monitoring and Evaluation Committee, 1996-2001
Center for Study of Health Systems Change Scientific Advisory Panel, 1997-2000
LA County Department of Health Services Quality Assurance Committee, 1997
Venice Family Clinic, Research Steering Committee, 1997-2005
VA HIV Quality Enhancement Research Initiative (QUERI) Executive Committee, 1998-
VA Managed Care Expert Panel, 1998
VA Greater Los Angeles Medical Records Committee, 2000-2001
VA Greater Los Angeles Healthcare System Peer Review Task Force, 2000
Advisory Board, RAND Communication in Medical Care Project, 2000-
Quality of Care Collaboration for California, Advisory Panel, 2001-2003
Selection & Research Advisory Committee, UCLA Robert Wood Johnson Clinical Scholars Program, 2000-
Curriculum Committee, UCLA Robert Wood Johnson Clinical Scholars Program, 2000-
Arthritis Foundation Quality Indicator Project Expert Panel, 2002
National Committee for Quality Assessment, Technical Advisory Group, 2002-2006
LA County Department of Health Services, Technical Advisory Committee, 2002-2004
Society for General Internal Medicine, Co-Chair, Abstract Review Subcommittee, 2002
Nursing Home Quality Improvement, CMS Technical Expert Panel, 2003-2005
VA HSR&D LOI Review Committee, 2003
LA Health Collaborative, 2003-

VA HSR&D Scientific Merit Review Board (SMRB), 1999, 2004-
Veteran's Integrated Palliative Program Selection Committee, 2004-
Medicare Payment Advisory Expert Panel on Outpatient Settings for Colonoscopy,
Cataract surgery and Head MRI, Chair, 2004
VA Rehabilitation Research and Development Service National Merit Review
Committee, Ad Hoc reviewer, 2004
Physician Profiling Expert Group for Commonwealth Fund, 2004
Steering Committee, Minimum Data Set for Nursing Home Quality, 2004-
VA Greater Los Angeles Research Space Committee, 2005 – 2007
VA Greater Los Angeles Research and Development Committee, 2006 -
Quality Management and Effectiveness Abstract Review Committee, Co-Chair, VA
HSR&D Conference, 2006
Steering Committee, VA Salt Lake City Information Decision Enhancement and
Surveillance (IDEAS) Center, 2006-
Chair, Hepatitis C Quality of Care Expert Panel, 2007
NCQA/HRSA/AMA, HIV/AIDS Expert Panel, 2007- 2008
Developing and Validating Metrics for Measuring the Incremental Effects of Health
Information Exchange on Ambulatory Care Quality Expert Panel, 2008-

Community clinical work:

Staff physician for Orange County HIV clinic, 1991-2
Volunteer physician at UCLA-affiliated clinic for homeless, 1992-9

Teaching:

Taught undergraduate Field Studies course in research techniques, 1993
Faculty and curriculum development for Doctoring, a required preclinical course for
medical students in the principles of primary care and patient interviewing, 1993,
1996-97
Faculty for the USC Introduction to Clinical Medicine, 1994-6
Guest faculty for UCLA course, Introduction to Health Policy, 1995
Symposium on interpreting the medical literature for USC faculty and residents, 1995
Faculty for Physician and Society, a required course for fourth year medical students,
1995-6
Internal Medicine Residency Co-Director for Primary Care Track, 1995-1996
Faculty for USC Internal Medicine Board Review Course, 1996
Core faculty for UCLA Robert Wood Johnson Clinical Scholars' Program, 1997-
Core faculty for VA Ambulatory Care Fellowship, 1996-
Faculty for preclinic seminar series, 1996-
Faculty for noon lecture series, 2000
Journal club faculty, 2000-
Course lead, Research for Change, 2001-2003

Guest lecturer for UCLA Medical School course: Health Policy: What Every Doctor Needs to Know to Practice in the New Millennium, 2002-2005
Course lead, Faculty Development Series, 2002-
Course lead, Center of Excellence, Faculty Work in Progress, 2003-
Course lead, Research in Implementation Science Seminar Series, 2005-
Faculty, Resident's Mortality and Morbidity Report, 2004-2005

Administrative:

Allende Program in Social Medicine, President, 1993-1997
Fellow, Pacific Center for Health Policy and Ethics, 1994-1996
Fellow, Southern California Studies Center, 1995-1996
Member, Executive Committee, VA Center for the Study of Healthcare Provider Behavior, 1996-97, 2001
Site Director for VA Ambulatory Care Fellowship, 1996-
Director, General Internal Medicine Fellowship, 2004-
Associate Chief for Research – Division of General Internal Medicine at WLA VA, 2002-
Associate Director for UCLA Robert Wood Johnson Clinical Scholar's Program, 2003-
Associate Director, VA Center for the Study of Healthcare Provider Behavior, 2003-
Co-Research Director - HIV QUERI, 2003-
Deputy Associate Chief of Staff for HSR&D, VA Greater Los Angeles Healthcare System, 2006-

Editorial and review services:

Reviewer for Health Services Research
Reviewer for JAMA
Manuscript Review Board, Journal of Clinical Outcomes Management
Reviewer for JAIDS
Abstract Reviewer, VA HSR&D Conference
Medicine of the Americas, Editorial Board
Guest Editor, Journal of Clinical Epidemiology
Reviewer, Journal of Health Care for the Poor and Underserved
Reviewer, The International Journal for Quality in Health Care
Reviewer, Preventive Medicine
Reviewer, Medical Care
Reviewer, Health Affairs
Chair, Abstract Review Group, VA HSR&D Conference, 2006
Abstract Reviewer, RWJ Clinical Scholars Program, 2006
Abstract Reviewer, Journal of the American Medical Association (JAMA), 2007

Abstract Reviewer, Implementation Science, 2007
Abstract Reviewer, Society of General Internal Medicine (SGIM), 2007
Reviewer, The Milbank Quarterly

MEMBERSHIP IN SCIENTIFIC SOCIETIES

American College of Physicians (ACP), 1990-
ACP Network for Health Care Reform, 1991
Society for General Internal Medicine (SGIM), 1991-
American Public Health Association (APHA), 1992-
Academy Health, 1994-
American Federation for Clinical Research (AFCR), 1995-98
American Medical Informatics Association, 2005-

PROFESSIONAL AWARDS AND HONORS

Cum laude, Yale, 1984
A. Baird Hastings Society, UCSD Medical School's honor society, 1987
Awarded RWJ Clinical Scholarship, 1992
VA Health Services Career Development Award, 1997, 2000, 2001
Article of the Year, Academy Health, 2004
Presidential Early Career Scientists and Engineer Award (PECASE), 2004
Fellow American College of Physicians, 2004-
Clinical-Investigator Award, Society of General Internal Medicine, Western Region, 2007

MAJOR RESEARCH INTERESTS

Methods for measuring and improving quality of care.

CURRENT AND PAST RESEARCH PROJECTS

(total costs reported only for grants with leadership roles, excluding Career Development Awards)

Principal investigator for Access to Care for the Elderly Project (ACE-PRO). Physician Payment Review Commission supported project at \$224,943, 1994-5. Used an expert panel technique to develop claims-based measures of underuse for 16 conditions and tested them on a 1% sample of claims.

- Principal investigator for USC HIV Screening of TB Patients project. Supported by LA County Health Research Association for \$9,973, 1995-6. Examined underutilization of HIV screening services in the LA County TB patients.
- Co-principal investigator for Effects of Proposition 187 project. Irvine Foundation funded project at \$30,000, 1995-6. Surveyed a representative sample of community clinic directors and collected visit data to determine if the passage of a proposition limiting immigrants' access to care resulted in declining utilization.
- Co-Principal investigator on Adult Quality Assessment Tool (QSPAN), funded by AHCPR at \$938,819, 1996-9. Applied the RAND expert panel approach to the development of process measures for care delivered to and tested it in managed care plans.
- Principal investigator with Beth McGlynn on Variations and Trends in the Quality of Care in the U.S.: A Community Tracking Study, funded by the Robert Wood Johnson Foundation for \$6,057,640, 1998-2000. Project measured quality of care on a nationwide sample using chart reviews, interviews and physical examinations.
- Principal investigator on HIV Performance Indicator Project, funded by the California Health Care Foundation (98-3121A) for \$573,556, 1998-9. Developed and tested quality of care measures for HIV.
- Principal investigator on Measuring Quality of Care in Hypertension, funded by Bristol Meyers Squibb for \$294,551, 1998-2000, developed and tested indicators of quality of care for hypertensive patients.
- Principal investigator on County of Los Angeles Department of Health Services Quality Assurance Measurement Initiative funded by the County of Los Angeles for \$98,000, 1998-9, Developed quality of care measures for public health.
- Principal investigator on Evaluation of California's Emergency Departments funded by the California Healthcare Foundation for \$486,423, 2000-01, assessed possible reasons for inadequate emergency department capacity.
- Principal investigator on Evaluating the Performance of Explicit Quality Monitoring Systems in the VHA funded by the Veteran's Administration Health Research and Development Service for \$814,219, 2000-03 to compare methods of quality measurement in two VA regions.
- Principal investigator on QUERI-C funded by the Veteran's Administration Health Services Research and Development for \$497,219, 2000-03 to test methods for improving quality of HIV care.
- Principal investigator with Beth McGlynn on Community Quality Index: Round II funded by the Robert Wood Johnson Foundation for \$10,422,307, 2000-05. Project measures quality of care on a nationwide sample using chart reviews and interviews.
- Principal investigator on QUERI Service Directed Project (SDP) - Improving HIV Care Quality funded by the Veteran's Administration Health Services Research and Development for \$488,900, 2001-03 to test methods for improving quality of HIV care.
- Principal investigator on Human Factors and the Effectiveness of Computerized Clinical Reminders funded by Veteran's Administration Health Services Research and

Development for \$495,600, 2003-2006 to evaluate human software interaction in computerized clinical reminders.

- Principal investigator on Financing the Health Services Safety Net in Los Angeles County funded by the California Endowment Foundation for \$204,402 2003-4 to evaluate safety net financing.
- Principal Investigator on Pay for Performance in Breast Cancer funded by the AT Huang Foundation for \$325,000, 2004-7 to evaluate effects of instituting pay for performance incentives on breast cancer quality in hospitals.
- Principal investigator on Evaluation of the Use of Rapid HIV Testing in the United States funded by the Centers for Disease Control for \$600,000, 2004-7 to survey providers of HIV screening about use and barriers to adopting rapid testing technology.
- Principal investigator on Educating Providers to Practice Family-oriented End-of-life Care funded by the Unihealth Foundation for \$223,068, 2004-6 to develop an educational program for improving family conferencing skills.
- Co-Principal Investigator on Validation of Pain as a Fifth Vital Sign Among Veterans with Advanced Illness for \$579,176, 2005-7 to evaluate use of routine pain measures.
- Co-Principal Investigator on Implementation and Evaluation of VISN-Based Program to Improve HIV Screening and Testing for \$488,900, 2006-8 to use of quality improvement interventions.
- Principal Investigator on Improving HIV Screening with Nurse Based Screening and Streamlined Counseling/Rapid Testing funded by VA HSR&D, 2005-7 for \$400,000 to test new methods of integrating HIV screening and testing into primary care.
- Principal Investigator on VA funded HSR&D Fellowship Training Grant, 2005- for \$150,000 per year
- Principal investigator for HIV/Hepatitis Quality Enhancement Research Initiative (QUERI) Center Grant, funded by the Veteran's Administration Health Services Research and Development for \$400,000 per year, 2003 - , to improve HIV care within the VA.
- Co-Principal Investigator with Karl Lorenz on Cancer Quality-Addressing Symptoms, Side Effects, and Indicators of Supportive Treatment (ASSIST) for \$500,000, 2006-7 to improve quality of care in cancer treatments.
- Co-Principal Investigator on Implementing an HIV Rapid Testing Pilot Project Among Homeless Veterans for \$50,000, 2006-7 to explore social service outreach and HIV education prevention and screening within the Greater Los Angeles area.
- Co-Principal Investigator on Quality of Medical Care in Workers' Compensation: A California Demonstration Project for \$400,000, 2006-8 to develop quality indicators for the surgical treatment of carpal tunnel syndrome.
- Co-Principal Investigator with Corita Grudzen on Evaluation of a New Prehospital Resuscitation Policy in Los Angeles County for \$120,000, July 2007-June 30, 2009 to evaluate adherence by EMS staff to a new resuscitation policy for victims of non-traumatic cardiac arrest, evidenced by a reduction in out-of-hospital resuscitation rates.

PROFESSIONAL FACILITIES

VA Greater Los Angeles Health Care System
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SELECTED EXTRAMURAL PRESENTATIONS

- Asch S, Wingard D and Barrett-Connor E, "Are Insulin and Hypertension Independently Related?"** presented at San Diego Epidemiologic Research Exchange 1988.
- Asch S, Frayne S, Waitzkin H, "To Discharge or Not to Discharge: Ethics of Indigent Care in a University System"** presented at Society of General Internal Medicine regional meeting 1990.
- Asch S, Chavez L, Waitzkin H, "Services for the Undocumented in a National Health Program"** presented at American Sociological Association 1992.
- Asch S, Brown ER, Cousineau MR, Flores H, Tarzynski S, "Promoting Access in Los Angeles County"** presented at Task Force on Access to Health Care in Los Angeles County, 1992.
- Asch S, Leake B, Andersen R, Gelberg L, "Why Do Patients Delay Obtaining Care For Tuberculosis?"** presented at the Robert Wood Johnson Clinical Scholars' Conference, 1994.
- Asch S, Leake B, Andersen R, Gelberg L, "Access To Care and Delay in Obtaining Services for Tuberculosis"** presented at the Association for Health Services Research, 1994
- Asch S, Leake B, Gelberg L, Davidson P, "Should Emergency Rooms Screen All Homeless Patients for Tuberculosis?"** presented at the American Public Health Association, 1994
- Asch S, Davidson P, "Screening Department of Health Services Employees for Tuberculosis"** presented at the TB Issues Committee, 1994.
- Asch S, Leake B, Gelberg L, "Why Do Symptomatic Patients Delay Obtaining Care For Tuberculosis?"** presented at the Western Society for Clinical Investigation Meeting. *J Investigative Medicine* 43(S1):169A, Feb 1995.
- Asch S, "California Dreaming: An Analysis of the Qualification and Election Campaign for Proposition 186"** presented at the Society of General Internal Medicine meeting, May 7, 1995.
- Asch S, London A, Panarites C, Rose D, Rai A, Gelberg L, "HIV Antibody Testing Among Tuberculosis Patients in Los Angeles County"** presented at the Association for Health Services Research meeting, June 4, 1995.
- Asch S, London A, Panarites C, Rose D, Rai A, Gelberg L, "HIV Antibody Testing and Seroprevalence Among Tuberculosis Patients in Los Angeles County"** presented at the American Public Health Association meeting, October 30, 1995.
- Asch S, Barnes P, "Methods for Investigating HIV Coinfection and Resistant TB"** presented to TB Control Research Committee, 1995.

- Asch S, Sloss E, Kravitz R, Hogan C, "Clinical Indicators of Access to Care for the Elderly"** testimony before the Physician Payment Review Commission, April 27, 1995.
- Asch S, Barnes P, "Methods for Investigating HIV Coinfection and Resistant TB"** presented to TB Control Research Committee, 1995.
- Asch S, Sloss E, Kravitz R, Hogan C, "Validity of a Method for Combining Expert Clinical Judgment with Claims Data in Assessing Access to Care,"** presented at regional meeting of the Society for General Internal Medicine, Irvine, CA, February 8, 1996.
- Asch S "Vanishing Public Hospitals and Clinics: A Review of the Literature"** presented at national meeting of the Society for General Internal Medicine, May 4, 1996
- Asch S, Knowles L, Rai A, Jones BE, Pogoda J, Barnes PF, "Relationship of Isoniazid Resistance to Human Immunodeficiency Virus Infection in Tuberculosis Patients,"** presented at the American Thoracic Society Meeting, New Orleans, LA, May 13, 1996.
- Asch S, Khalil H, "The Effect of California's Proposition 187 on Health Service Use: Preliminary Results of a Statewide Survey"** presented to the Southern California Studies Center, May 1996.
- Asch S, Damberg C, Gifford D, Hardy A, Kerr E, Schenker E, Schuster M, Takata G, McGlynn E, "Development of a Comprehensive Managed Care Quality Measurement Tool for Women and Children,"** presented at the American Public Health Association Meeting, November 1996.
- Asch S, Sloss E, Kravitz R, Hogan C, "Combining Expert Clinical Judgment with Claims Data To Evaluate Underutilization,"** presented at the Robert Wood Johnson Clinical Scholars Meeting, November 1996.
- McGlynn E, Asch S, "Developing Quality Indicators,"** presented at CDC conference, Atlanta, GA, January, 1997.
- Asch S, Gelberg L, "Research Methods and Outcomes in Homeless Health Care,"** presented at HRSA conference, April, 1997.
- Asch S, Mccutchan A, Gifford A, Bozzette S, Shapiro M, "Underuse of Primary Prophylaxis for Mycobacterium Avium Complex (MAC) in a Representative Sample of HIV-Infected Patients in Care in the U.S.A: Who is Missing Out?"** presented at the International Conference of Macrolides, Streptomycins, and Ketolides, Barcelona, Spain, January, 1998.
- Kerr E, Asch S, McGlynn E "Development of an Adult Global Quality Assessment Tool"** presented at the VA HSR&D Conference, February, 1998.
- Asch S, "Challenges to HIV Performance Measurement,"** presented to the Forum for Collaborative HIV Research, Washington, DC, May 1998.
- Asch S, Turner B, Bozzette S, Mccutchan A, Gifford A, Shapiro M, Kuromiya K, "Quality of Medical Care for Three Common HIV-Related Symptoms in a Nationally Representative Sample of HIV+ Persons in Care in the U.S."** presented at the World AIDS Conference, Geneva, Switzerland, June 1998.

Asch S, Mccutchan A, Gifford A, Bozzette S, Winslow C, Shapiro M, "Underuse of Primary Prophylaxis for Mycobacterium Avium Complex (MAC) in a Representative Sample of HIV-Infected Patients in Care in the U.S.A: Who is Missing Out?" presented at the World AIDS Conference, June, 1998.

Asch S, "Using Medicare Claims to Measure Outpatient Access and Quality," presented at the Association for Health Services Research Meeting, June 1998.

Asch S, "Measuring Quality: The QA Tool Example" at the National Association of VA Ambulatory Care Managers, October, 1998.

Asch S, McGlynn E "Development of a Global Quality Assessment Tool for Women and Children" presented at the American Public Health Association Conference, November, 1998.

Asch S, "Quality Assessment Systems" presented at Bristol Meyer Squibb Research Seminar, October, 1998.

Asch S, "Measuring Underutilization of Necessary Care" presented at VA HSR&D Career Development Award Conference, Washington, DC, February 1999.

Asch S, "Measuring Quality of Care: Why Should You Care" presented at Kaiser Oakland Grand Rounds, Oakland, CA, May 1999.

Asch S, "Measuring Performance in HIV Care" presented at Forum for Collaborative HIV Research, September, 1999

Asch S, "Process Measures in Hypertension," presented at HEDIS Hypertension Summit, Dallas, TX, December, 1999.

Asch S, "Results from a New System for Measuring Global Quality of Care for Women," presented at the 128th Annual Meeting of APHA, November, 2000.

Asch S, "Urban/Rural Differences in Underuse of Necessary Care," testified before the Congressional Medicare Payment Advisory Commission, Washington DC, January, 2001.

Asch S, "Trends in Emergency Service Use," presented at the conference of State Legislative Health Aides, Sacramento, January, 2001.

Asch S, "Trends in Emergency Service Use," testified before the State Senate Health Committee, Sacramento, February, 2001.

Asch S, Malin J, "Quality of Cancer Care: What do we know?," testified before the President's Cancer Panel of the National Cancer Institute and National Cancer Program, Los Angeles, 2001.

Asch S, "Measuring Quality of Care," invited presentation at University of Kyoto, Kyoto, Japan, March 2001.

Asch S, "Improving HIV Care," invited presentation at QUERI meeting, Orlando, FL 2001

Asch S, "Using QA Tool as Physician Profiling Tool," presentation at NCQA/AHRQ's Physician Practice Performance Measurement Conference, Washington DC, October 2002.

Asch S, "HIV Antiretroviral Therapy Guidelines," invited presentation at Asahi General Hospital, Japan, October 2002.

- Asch S**, "Understanding Palliative Care," invited presentation at Asahi General Hospital, Japan, October 2002
- Asch S**, "Measuring Quality of Care," invited presentation at Chiba University, Chiba, Japan, October 2002.
- Asch S**, "Quality of Healthcare for Hypertension in the US," abstract presentation for American Heart Association, in Chicago IL, Nov 17, 2002.
- Patterson E, Asch S**, "Use of Human Factors to Evaluate Clinical Reminders," presented at the VA QUERI meeting, December 2002.
- Asch S**, "Quality Improvement in HIV: Results of a Translation Project," presented at the VA QUERI meeting, December 2002.
- Asch S**, "Global Quality of Care in the VA as Compared to a National Sample," presented at the VA Health Services Research and Development National Meeting, Washington DC, February 2003.
- Asch S, Wasserman J**, "The LA County Health Crisis: Research Perspectives," presented at the Association of LA County Congressional District Staff meeting, Santa Monica, CA, May 2003.
- Diamant A, Asch SM, Gelberg L**, "Key Findings from the Patient Assessment Survey II (PAS II)," presented to the LA County Health Leadership Board June 5, 2003.
- Diamant A, Asch SM, Gelberg L**, "Key Findings from the Patient Assessment Survey II (PAS II)," presented to the LA County Board of Supervisors, July 1, 2003.
- Asch SM, Anaya HD, Bowman C, Bozzette SA, Fremont A**, "Assessment of HIV Quality Improvement within the Veteran's Administration, presented to the Academy Health Annual Research meeting, Nashville TN, July 29, 2003.
- Asch SM**, "Does Participation in a Collaborative Improve Quality of Care for Diabetes," Presented at the Academy Health Annual Research meeting, Nashville TN, July 29, 2003.
- Asch SM**, "How Good is the Quality of Health Care in America?" presented at the Robert Wood Johnson Outpatient Measures Conference, Princeton, NJ, August 26, 2003.
- Asch SM, McGlynn EA, Hogan MM, Adams J, Keesey J, Shekelle P, Hayward R, Rubenstein L, Kerr EA**, "Global Quality in the VA: Looking Beyond Leading Indicators," presented at the QUERI National Meeting, Washington DC, December 2003.
- Asch SM**, "Medicare Revised? Consumer Choice, Industry, Economic and Policy Consequences," Renaissance Weekend Panel, Charleston, SC, December 2003.
- Asch SM**, "Paying for the 'Infirmation' Age – the Costs of Health Care for Baby Boomers" Renaissance Weekend Panel, Charleston, SC, December 2003.
- Asch SM**, "Future of the Los Angeles County Emergency Medical Services System," Testimony before the Emergency Medical Service Commission, Los Angeles, CA, March 2004.
- Asch SM, McGlynn EA, Hogan MM, Adams J, Keesey J, Shekelle P, Hayward R, Rubenstein L, Kerr EA**, "Quality Measurement: Is there a "Halo Effect?" presented at the VA HSR&D National Meeting, Washington, DC, March 2004.

- Etzioni D, **Asch SM**, Rubenstein L, Lee M, Ko C, Brook R, Parkerton P, Soban L, Yano E, "Is Colorectal Cancer Screening Penetration an Adequate Quality Measure?" presented at the VA HSR&D National Meeting, Washington, DC, March 2004.
- Asch SM**, Wasserman J, "Financing the Health Services 'Safety Net' in Los Angeles County," presented at the LA Health Collaborative, Los Angeles, CA, March 2004.
- Asch SM**, "VA Performance Measures," presented at the Academy Health, San Diego, CA, June 2004.
- Asch SM**, Anaya HD, Bowman CC, Fremont A, Joyce G, Korthuis PT, Bozzette S, Wang M, "Results of a National Comparative HIV Quality Improvement Initiative Within the VA Healthcare System," lecture presented at the International AIDS conference, Bangkok, Thailand, July 2004.
- Asch SM**, "An Overview of Access to Care and Quality of Care in America," presented at the Pacific Center on Ethics Symposium at the University of Southern California, Los Angeles, CA, August 2004.
- Asch SM**, "Access and Quality," presented at the Noon Conference, West Los Angeles Veteran's Medical Center, Los Angeles, September, 2004.
- Asch SM**, "Health Care Challenge in Taiwan: Opportunities and Successes," Panelist at UCLA Conference, Los Angeles, September 2004.
- Asch SM**, "Results of a National Comparative HIV Quality Improvement Initiative Within the Veteran's Administration Healthcare System," presented at Human Factors and Ergonomics Conference, New Orleans, September, 2004.
- Asch SM**, Wasserman J, "Improving Safety Net Financing," presented at LA Health Collaborative Meeting, Los Angeles, September, 2004.
- Asch SM**, "Improving VA HIV Screening" presented at Quality Management Integration Council National Teleconference, November, 2004.
- Asch SM**, "Reducing Costs and Improving Health through Targeted Investment in Treatment Decision Support," presented at Blue Cross Blue Shield Conference, Chicago, November 2004.
- Asch SM**, "Improving Health Care: Lessons from the VA," Congressional Staff Briefing, Washington DC, February 2005.
- Asch SM**, "Who is at Greatest Risk for Receiving Poor Quality of Care?" presented at the RWJ Disparities Conference, Washington DC, March 2005.
- Asch SM**, "Improving HIV Testing Rates in VISN 22," presented to the Clinical Practice Committee, Los Angeles, March 2005.
- Asch SM**, "The LA Health Access Crisis: The Emergency Medical System Example," testimony before the California Senate and Assembly Select Committee on the LA Health Crisis, Los Angeles, February 2005.
- Asch SM**, Bromley E "The Origins and Causes of the LA Health Care Crisis," testimony before the California Senate and Assembly Select Committee on the LA Health Crisis, Los Angeles, April 2005.
- Asch SM**, "Measuring the Quality of Laboratory Care," presented at the International Society for Quality in Laboratory Medicine, Atlanta, April 2005.
- Asch SM**, Kerr EA, "Improving Health Care: Lessons from the VA," presented at SGIM, New Orleans, May, 2005.
- Asch SM**, "Quality of Care: Where Do We Go From Here?" presented at Medical Directors Colloquium, Las Vegas, June 2005.

- Asch SM, Nuckols T, "Quality of Medical Care in California Workers' Compensation: A Demonstration Project,"** presented to California Commission on Health and Safety and Workers' Compensation, San Francisco, August, 2005.
- Asch SM, "Improving HIV screening and testing rates in the VA,"** presentation to VA National Teleconference for Primary Care Providers, San Francisco, Sept 21, 2005.
- Asch SM, Assembly Select Committee on the LA County Health Care Crisis Roundtable,** Los Angeles, December, 2005.
- Asch SM, "Improving Quality Improvement,"** presented at Vanderbilt University, Nashville, February, 2006.
- Sobo EJ, Bowman C, Goetz M, Asch SM, "Regional Implementation Research Lessons from QUERI HIV,"** presented at VA HSRD Conference, Arlington, February, 2006.
- Asch SM, "United States Healthcare: Pay for Performance and Quality of Care."** Presented to International Hospital Federation Asian Pacific Regional Conference (2006 IHF APRC), Taiwan, April 2, 2006.
- Asch SM, Fineberg I, "Family Conferences: A Research Based 'How To' Guide,"** presented at Noon Conference, West Los Angeles VA Medical Center, June 1, 2006.
- Asch SM, "How Good is the Quality of Care in the US?,"** presented to RAND Health Board, Santa Monica, June 8, 2006.
- Asch SM, "Improving Health Care for Americans: Lessons from Recent VA History,"** presented to VASDHS Primary Care Retreat, V-TEL to San Diego, June 9, 2006.
- Asch SM, "Talking About Research in Disparities: A First Person Narrative,"** presented to the RWJ Conference on Quality and Disparities, Washington, DC, June, 2006
- Asch SM, "Lessons from Implementation of an Electronic Health Record in an Integrated Health Delivery System: The Veterans Health Administration (VHA),"** presented to Academy Health Annual Research Meeting, Seattle, June, 2006.
- Asch SM, Fineberg IF, "Family Conferencing: A How to Guide,"** presented at UCLA Noon Conference, Los Angeles, July, 2006.
- Asch SM, Fineberg IF, "Family Conferencing: A How to Guide,"** presented at USC Noon Conference, Los Angeles, July, 2006.
- Asch SM, Kieffer R, "Family Conferencing: A How to Guide,"** presented at Oliveview Medical Center, Los Angeles, August 14, 2006.
- Asch SM, "Use of Rapid HIV Testing in Hospitals, Community Clinics, and Community-Based Organizations in the United States"** presented at AIDS XVI International Conference, Toronto, August 13, 2006.
- Asch SM, "Improving Quality Improvement: A VA Researchers Perspective,"** presented at Mountain West Society for General Internal Medicine, Aspen, August 16, 2006.
- Asch SM, "Translating Research Evidence for HIV Rapid Testing into Clinical Practice,"** presented to West Los Angeles VA Medical Executive Committee, September 21, 2006.
- Asch SM, Lorenz K, "A Theoretical Model for Family Conferencing,"** presented at AAHPM Annual Conference, Salt Lake City, February 14, 2007.
- Asch SM, "Training for Health Services Research,"** presented at the SGIM Regional Meeting, San Francisco, March 24, 2007.
- Asch SM, Knapp H, "A Program to Improve HIV Screening in Primary Care,"** presented to Las Vegas VAMC Leadership, March 28, 2007.

- Asch SM**, "Who Is at Greatest Risk for Receiving Poor-Quality Health Care?" presented at Department of Medicine Noon Conference Journal Club, USC, March 29, 2007.
- Asch SM**, "Availability of rapid HIV testing in hospitals across the United States from 2002-2006," presented at the International AIDS Society Conference, Sydney, July 24, 2007.
- Sanders GD, Anaya H, **Asch SM**, Goetz M, Hoang T, Golden J, Gifford A, Bowman C, Owens DK, "Cost Effectiveness of Rapid HIV testing with Streamlined Counseling," presented at the International AIDS Society Conference in Sydney, Australia, July 2007.
- Asch SM**, "Improving Quality Improvement: The HIV Example," presented at the University of Canterbury, Christ Church, New Zealand, July 2007.
- Asch SM**, "Fostering Transformational Change in an Integrated System: The Case of HIV Testing," presented at the Tenth Biennial Regenstrief Conference, October 2007.
- Asch SM**, "How Good is Quality of Care in the US? Results from the QATools Study," presented at the University of Utah, January 2008.
- Asch SM**, "An Organizationally-Based Regional VA Program for Improving HIV Screening and Testing Rates," presented at the University of Utah, January 2008
- Asch SM**, "Principles of Quality Measurement in Palliative Care," presented at AAHPM, Tampa, January 2008.
- Asch SM**, "Constructing Quality Indicators for Chart Review," presented at a workshop at the VA HSR&D meeting, Baltimore, February 2008.
- Asch SM**, "Evaluating a Novel Structured End of Life Patient Communication Tool," presented at regional SGIM meeting, March 2008.
- Asch SM**, "Performance and Health," presented at the Sepulveda Center for Research Provider Behavior, April 2008.

GRADUATE STUDENTS AND POST DOCTORAL FELLOWS SUPERVISED

- Patricia Bellas, MD MPH in her project examining medical student attitudes toward preventive care.
- Josh Fenton, MD in his project investigating the effects of Proposition 187 on immigrants' use of clinical services.
- Loren Miller, MD MPH in his project examining underuse of HIV services and physician estimation of HIV patient medication adherence, leading to articles published and in press.
- Mike Wada, MD in his project investigating the barriers to enrollment in Medicaid.
- William Haddock, MD MPH in his project looking at racial disparities in childhood diarrhea.
- Brooke Herndon, MD in her project examining HIV testing in homeless women.
- Elizabeth Edgerton, MD MPH in her interventional project to increase seatbelt use among Latino children.
- Amy Kilbourne, PhD in her project examining the timeliness of care for symptoms in HIV.

Karl Lorenz, MD in his project distinguishing for-profit and not-for-profit influences on hospice utilization patterns.

Susan Lambe, MD in her project examining emergency department overcrowding.

Joy Lewis, MD in her evaluation of Medicare pharmaceutical pricing.

David Zingmond, MD, in his study of the relationship between vertical integration and stroke care.

Mitch Wong, MD, in his evaluation of patient preferences for generalists and specialists.

Chih-Wen Shi, MD, in her study of over the counter pharmaceutical misuse.

Philip Todd Korthuis, MD, in his study of antiretroviral utilization.

David Etzioni, MD, in his study of colorectal cancer screening.

Jerome Liu, MD, in his study of underuse of hepatic surgery.

Tony Kuo, MD, in his study of clinical preventive services in Oriental Medicine practitioners.

Keith Heinzerling, MD, in his study of medical care for intravenous drug users.

Will Shrank, MD, in his study of three-tier pharmacy benefits.

Richard Mularski, MD, in his study of end-of-life care.

Keri Gardner, MD, in her study of treating inebriated patients in the ER.

Sanae Inagami, MD, in her study of neighborhood effects on health.

Jason Wang, MD, in his study of pay for performance in Taiwan

Becky Liddicoat, MD, in her study of the appropriateness of field resuscitation.

Joshua Pevnick, MD, in his study of electronic prescribing.

Kristina Cordasco, MD, in her study of CHF discharge planning.

Sony Ta, MD, in his study of clinical physician profiling.

Benjamin Sun, MD, in his study of ER diversion patterns.

Fasiha Kanwal, MD, in her study of Hepatitis C care patterns.

Giancarlo DiMassa, MD, in his study of diversion of mentally ill to urgent care.

Catherine Rongey, MD, in her study of Hepatitis C quality of care.

Basit Chaudhry, MD, in his study of informatics-based quality improvement.

Jay Gladstein, MD in his study of HIV screening practices

Corita Grudzen MD in her study of out of hospital resuscitation practices

Dr. Asch has served on the dissertation committees for Drs. Kilbourne, Wong and Zingmond. He has coauthored articles with Drs. Bellas, Fenton, Miller, Haddock, Herndon, Edgerton, Lewis, Korthuis, Shi, Liu, Lambe, Kilbourne, Cordasco, Wong Lorenz, Liddicoat, Grudzen, Kanwal, and Sun. Drs. Kilbourne, Miller, Herndon, Edgerton, Wong, Lorenz, Shi, Zingmond, Kuo, Korthuis, Shrank, Heinzerling, Liddicoat, Sun, Kanwal, Gardner, DiMassa, Wang, and Liddicoat held or have been accepted into faculty positions.

BIBLIOGRAPHY

Research Papers

A. Research Papers - Peer-Reviewed

1. Gillespie SM, Cartter ML, **Asch S**, Rokos JB, Gary GW, Tsou CJ, Hall DB, Anderson LJ, Hurwitz ES. Occupational Risk of Human Parvovirus B19 Infection for School and Day-care Personnel During an Outbreak of Erythema Infectiosum. *JAMA*. 1990. 263:2061-2065.
2. **Asch S**, Wingard DL, Barrett-Connor EL. Are Insulin and Hypertension Independently Related? *Ann Epidemiol*. 1991; 1:231-244. Reprinted in *Diabetes Spectrum*. 1992. 5:90-98.
3. **Asch S**, Leake B, Gelberg L. Does Fear of Immigration Authorities Deter Tuberculosis Patients from Seeking Care? *West J Med*. 1994. 161:373-376.
4. **Asch S**, Frayne S, Waitzkin H. To Discharge or Not To Discharge--Ethics of Care For An Undocumented Immigrant. *J Health Care Poor Underserved*. 1995. 6(1):3-9.
5. Bozzette SA, **Asch S**. Developing Quality Review Criteria From Standards of Care for HIV Disease: A Framework. *J Acquir Immune Defic Syndr*. 1995. 8 (Suppl 1): S45-S52.
6. **Asch S**, Knowles L, Rai A, Jones BE, Pogoda J, Barnes PF. Relationship of Isoniazid Resistance to Human Immunodeficiency Virus Infection in Patients with Tuberculosis. *Am J Respir Crit Care Med*. 1996. 153(5):1708-1710.
7. **Asch S**, Rulnick S, Todoroff C, Richwald G. Potential Impact of Restricting STD/HIV care for Immigrants in Los Angeles County. *Int J STD AIDS*. 1996. 7:532-535.
8. Fenton JJ, Moss N, Khalil HG, **Asch S**. Effect of California's Proposition 187 on the Use of Primary Care Clinics. *West J Med* 1997; 166(1):16-20.
9. **Asch SM**, London AS, Barnes PF, Gelberg L. Testing for Human Immunodeficiency Virus Infection among Tuberculosis Patients in Los Angeles. *Am J Respir Crit Care Med*. 1997. 155:378-381.
10. Glassman PA, Jacobson PD, **Asch S**. Medical Necessity and Defined Coverage Benefits in the Oregon Health Plan. *Am J Public Health* 1997; 87(6): 1053-1058.
11. Jacobson PD, **Asch S**, Glassman PA, Model KE, Hernandez JB. Defining and Implementing Medical Necessity in Washington State and Oregon. *Inquiry*. 1997. 34(2):143-154.
12. Schuster MA, **Asch SM**, McGlynn EA, Kerr EA, Hardy AM, Gifford DS. Development of a Quality of Care Measurement System For Children and Adolescents: Methodological Considerations and Comparisons with a System For Adult Women. *Arch Pediatr Adolesc Med* 1997. 151(11):1085-1092.
13. **Asch S**, Leake B, Anderson R, Gelberg L. Why Do Symptomatic Patients Delay Obtaining Care For Tuberculosis? *Am J Respir Crit Care Med*. 1998. 157(4 Pt 1): 1244-1248.

14. McGlynn EA, **Asch SM**. Developing A Clinical Performance Measure. *Am J Prev Med*. 1998. 14(3 Suppl):14-21.
15. **Asch S**, Leake B, Knowles L, Gelberg L. Tuberculosis In Homeless Patients: Potential For Case Finding In Public Emergency Departments. *Ann Emerg Med* 1998. 32(2):144-147.
16. Bozzette SA, Berry SH, Duan N, Frankel MR, Leibowitz AA, Lefkowitz D, Emmons CA, Senterfitt JW, Berk ML, Morton SC, Shapiro MF for the **HCSUS Consortium*** The Care Of HIV-Infected Adults In The United States: HIV Cost and Services Utilization Study Consortium. *N Engl J Med*. 1998. 339(26):1897-1904.
17. Shapiro MF, Morton SC, McCaffrey DF, Senterfitt JW, Fleishman JA, Perlman JF, Athey LA, Keeseey JW, Goldman, DP, Berry SH, Bozzette SA, and the **HCSUS Consortium*** Variations in the Care of HIV-Infected Adults in the United States: Results From the HIV Cost and Services Utilization Study. *JAMA*. 1999. 281:2305-2315.
18. McGlynn EA, Kerr EA, **Asch SM**. New Approach to Assessing Clinical Quality of Care for Women: The QA Tool System. *Women's Health Issues*. 1999. 9(4): 184-192.
19. Miller LG, Simon PA, Miller ME, Long A, Yu EI, **Asch SM**. High-Risk Sexual Behavior In Los Angeles: Who Receives Testing For HIV? *J Acquir Immune Defic Syndr*. 1999. 22(5): 490-497.
20. Kuiper H, Richwald GA, Rotblatt H, **Asch S**. The Communicable Disease Impact of Eliminating Publicly Funded Prenatal Care for Undocumented Immigrants. *Maternal Child Health J*. 1999. 3(1):39-52.
21. Malin JL, **Asch SM**, Kerr EA, McGlynn EA. Evaluating the Quality of Cancer Care: Development of Cancer Quality Indicators for a Global Quality Assessment Tool. *Cancer*. 2000. 88(3): 701-707.
22. Miller LG, **Asch SM**, Yu EI, Knowles L, Gelberg L, Davidson P. A Population-Based Survey of Tuberculosis Symptoms: How Atypical Are Atypical Presentations? *Clin Infect Dis*. 2000. 30:293-299.
23. Bellas PA, **Asch SM**. What Students Bring to Medical School: Attitudes Toward Health Promotion and Prevention. *Am J Prev Med*. 2000. 18(3): 242-248.
24. Mathews WC, McCutchan JA, **Asch S**, Turner BJ, Gifford AL, Kuromiya K, Brown J, Shapiro MF, Bozzette SA. National Estimates of HIV-Related Symptom Prevalence from the HIV Cost and Services Utilization Study. *Med Care*. 2000. 38(7): 750-762.
25. Anderson R, Bozzette S, Shapiro M, St. Clair P, Morton S, Crystal S, Goldman D, Wenger N, Gifford A, Leibowitz A, **Asch S**, Berry S, Nakazono T, Heslin K, Cunningham W, and the HCSUS Consortium. Access of Vulnerable Groups to Antiretroviral Therapy Among persons in Care for HIV Disease in the United States. *Health Serv Res*. 2000. 35(2): 389-416.
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*Dr. Asch is a member of the HIV Costs and Services and Utilization Study Consortium.

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B. Research Papers – Peer Reviewed (In press)

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C. Research Papers – Peer Reviewed (Submitted)

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4. Sobo E, Bowman C, Halloran J, Aarons GA, **Asch SM**, Gifford AL. Enhancing Implementation Through Cross-Organization Conversation: A General Model Based on the Case of an HIV Testing Intervention For Veterans. Submitted to *Joint Commission Journal on Quality and Patient Safety*. 2007.
5. Fox SA, Heritage J, Stockdale SE, **Asch SM**, Duan N, Reise SP. Cancer Screening Adherence: How Much Does Physician-Patient Communication Matter? Submitted to *Patient Education and Counseling*. 2007.
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8. Anaya HD, Feld JE, Hoang T, Knapp H, **Asch SM**. Implementing an HIV Rapid Testing Intervention for Homeless Veterans in Shelter Settings within Los Angeles County. Submitted to *Public Health Reports*. 2007
9. Bogart LM, Howerton D, Lange J, Setodji CM, Becker K, Klein DJ, **Asch SM**. Barriers to Rapid HIV Test Availability in the United States. Submitted to *Journal of AIDS*. 2007.
12. Cordasco KM, **Asch SM**, Bell DS, Guterman JJ, Gross-Schulman S, Ramer L, El-Kayam U, Franco I, Leatherwood CL, Mangione CM. The Design and Randomized-Controlled Evaluation of a Low-Literacy Medication Education Tool for Safety-Net Hospital Patients. Submitted to *Journal of General Internal Medicine*. 2008.
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14. Grudzen CR, Koenig WJ, Hoffman JR, Boscardin J, Lorenz KA, **Asch SM**. Potential Impact of a Verbal Prehospital DNR Policy. Submitted to Prehospital Medicine. 2008.
15. Eisenman DP, Zhou Q, Ong M, **Asch SM**, Gilk D. Variations in Disaster Preparedness by Mental Health, Perceived General Health, and Disability Status. Submitted to Disaster Medicine and Public Health Preparedness. 2008.

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2. **Asch S**. Testimony Before the Physician Payment Review Commission April 27, 1995. RAND Publication CT-132, 1995.
3. Bozzette S, **Asch S**. Developing Quality Review Criteria From Standards of Care for HIV Disease: A Framework. RAND Publication RP-427, 1995.
4. **Asch S**, Sloss E, Kravitz R, Kamberg C, Genovese B, Young R. Access to Care for the Elderly Project (ACE-PRO) Project Memorandum. RAND Publication PM-435-PPRC, 1995.
5. **Asch SM**, Peabody JW. Papua New Guinea: The Institutional Plan for the College of Allied Health Science: The National Context and Training Responsibilities. RAND Publication DRU-1376-ADB, 1996.
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7. Law AV, **Asch S**, Wallace P, Connor K, Hicks J, McGlynn EA. Quality Indicators for Hypertension. RAND Publication DRU-2104-BMS, 1999.
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9. Lurie N, Valdez RB, Wasserman J, Stoto M, Myers S, Molander R, Mussington D, Solomon V, **Asch SM**. Public Health Preparedness in California: Lessons Learned from Seven Health Jurisdictions. RAND Report. 2004.
10. McGlynn EA, Kerr EA, Curtis J, Wallace P, Griffin A, Hiatt L, Adams J, Keeseey J, Ricci K, **Asch SM**. Assessing the Quality in Medical Groups: A Demonstration of the QA Tools Methodology. RAND Report, 2004.
11. Kuo T, Burke A, Coulter I, Gelberg L, **Asch S**, Rubenstein L, LAC Study Group. Provider Perceptions of Oriental Medical Education and Practice. Little Hoover Commission Report, 2004.
12. Wynn BO, Sloss EM, Fung C, Shugarman LR, Ashwood JS, **Asch SM**. Services Provided in Multiple Ambulatory Settings: A Comparison of Selected Procedures. Prepared for the Medicare Payment Advisory Commission. RAND Report. 2004.
13. Spranca M, Ringel J, **Asch SM**, Sanders D, Burton T, Elliot MN, Fung C, Shrank W, Shaw R, Brown J. Opportunities where Treatment Decisions Support May Reduce Costs and Improve Health. RAND Report. 2004.

14. Wasserman J, **Asch SM**, Bamezai A, Wynn B, Ringel J, Fulton B, Newberry S, Washington G. Financing the Health Services "Safety Net" in Los Angeles County. RAND Report. 2004.
15. Nuckols T, Harber P, **Asch SM**, Wickizer TM, Wynn BO. Evaluating Medical Treatment Guideline Sets for Injured Workers in California. RAND Report 2005. ISBN: 0833038354.
16. Cordasco K, **Asch SM**, Glik DC, Eisenman D, Golden JF. The Paradox of Social Capital as a Liability in Disaster Management: Understanding the Evacuation Failure of Hurricane Katrina. *The Natural Hazards Observer* 2006, 30(3): 5-6.
17. **Asch SM**, Carter J, Chen S, Dy S, Hasenfeld R, Jones M, Lorenze K, Naeim A, Roth C, Sanati H, Shanman R, Smith P, Tringale C, Walling A. Cancer ASSIST: (Addressing Symptoms Side Effects and Indicators for Supportive Treatment) Final Report. RAND Report 2007.
18. **Asch SM**. "Building a Better VA Performance Measurement System." FORUM November 2007: 5.

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1. Goldstein DA, **Asch S**. Ethical Conflicts in Managed Care. In: Update One of the Business of Managed Care. Mosby Yearbook Inc.; 1996.
2. Kerr EA, **Asch SM**, Hamilton EG, McGlynn EA, eds. Quality of Care for General Medical Conditions: A Review of the Literature and Quality Indicators. Santa Monica, CA: RAND Health (ISBN# 0-8330-2916-9); 2000.
3. McGlynn EA, Kerr EA, Damberg CL, **Asch SM**, eds. Quality of Care for Women: A Review of Selected Clinical Conditions and Quality Indicators. Santa Monica, CA: RAND Health (ISBN# 0-8330-2923-1); 2000.
4. Kerr EA, **Asch SM**, Hamilton EG, McGlynn EA, eds. Quality of Care for Cardiopulmonary Conditions. Santa Monica, CA: RAND Health (ISBN# 0-8330-2921-5); 2000.
5. **Asch SM**, Kerr EA, Hamilton EG, Reifel JL, McGlynn EA, eds. Quality of Care for Oncologic Conditions and HIV: A Review of the Literature and Quality Indicators. Santa Monica, CA: RAND Health (ISBN# 0-8330-2920-7), 2000.
6. Militello LG, Patterson ES, Saleem JJ, Anders S, **Asch SM**. (in press). Re-Designing a Medical Decision Aid: Improving Clinical Reminders. In J.M. Schraagen, T. Omerod, & L.G. Militello (Eds.), *Naturalistic Decision Making and Macrocognition*. Hampshire, UK: Ashgate.
7. Militello LG, Patterson ES, Saleem JJ, Anders S, **Asch SM**. (in press). *Supporting Macrocognition in Health Care: Improving clinical reminders*. Hampshire, UK: Ashgate.

Letters

1. **Asch S**. Immigrants and Health Care [letter; comment]. *Arch Intern Med* 1995;123(6):476.

Review Articles (Peer Reviewed)

1. **Asch S, Goldzweig CL, Lee P.** Do We Understand the Effects of 'Managed Care' in Ophthalmology? A Review and Analysis. *Arch Ophthalmol.* 1997; 115(4):531-6.
2. **Fung C, Woo H, Asch SM.** Controversies and Legal Issues in the Prescribing and Dispensing of Medications over the Internet. *Mayo Clinic Proceedings.* 2004; 79: 188-194.
3. **Asch SM.** Quality of Care: Where Do We Go From Here? *Managed Care.* 2005 Oct;14(10 Suppl):38-42; discussion 42-3.

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PROFESSIONAL EXPERIENCE

Senior Researcher, RAND, Santa Monica, California. Conducts public policy research addressing the topics of evaluating and improving health care quality of care, patient safety, access to care, insurance coverage, and health care financing. Current work includes:

- Principal Investigator on California Healthcare Foundation-funded *Rewarding Results* demonstration projects to evaluate the impact of the Integrated Healthcare Association's pay-for-performance program (P4P) on the quality, patient experience, and adoption of health information technology at the medical group level.
- Co-Principal Investigator and Evaluation Team Leader for RAND's Patient Safety Evaluation Center, a seven-year evaluation of AHRQ's patient safety initiative.
- Co-investigator on a three-year study of Consumer Directed Health Plans which is examining the impact of the new plan design on costs, utilization and quality of care.
- Co-Principal Investigator for the quality analysis component of a three-year CMS-funded project to evaluate the CMS-Premier hospital pay-for-performance demonstration.

Previous work includes:

- Principal Investigator for an ASPE and CMS-funded project to review the state-of-the-art in hospital pay-for-performance and to assist CMS leadership with developing a Value-based Purchasing plan for Congress regarding the implementation of a Medicare hospital P4P program.
- Co-Principal Investigator on ASPE-funded project to review state-of-the-art in physician P4P program design and implementation and to provide policy recommendations about how to implement P4P in Medicare (2006).
- Principal Investigator on RWJ-funded *Rewarding Results* demonstration project with Blue Cross of California to evaluate the impact of financial (P4P) and non-financial incentives on improving the quality of care at the physician level.
- Senior researcher on the AHRQ-funded CAHPS II project regarding quality measurement and public reporting of medical group and physician performance data (2002-2007).
- Participated in planning committee and co-authored paper for 2003 Commission on Health and Safety and Worker's Compensation (CHSWC) medical colloquium.
- Senior researcher on California Worker's Compensation reform project that will construct a quality of care framework for evaluating quality in the worker's compensation system (2004).
- Served as Co-investigator and Project Director for an AHRQ-funded project to assess the need for and feasibility of creating "People Like Me" national outcomes databases, to be used by patients and providers to make more informed and shared treatment decisions (2001-2002).

Research work includes developing and applying quality and efficiency indicators at the medical group, hospital, and individual physician levels, conducting surveys of patient experience with care at the medical group and physician-levels, evaluating payment incentives for quality, and assessing the impact of payment reforms on costs and quality.

(November 2001-present)

Director of Research, Pacific Business Group on Health, San Francisco/Santa Monica, California: Directs the development and implementation of PBGH's quality of care research agenda; works with other senior staff to define and implement PBGH strategy to drive quality improvements in the California market through financial incentives for quality, public accountability, and information to guide consumer choice. Current projects include: Evaluation Director for a Commonwealth-funded project to implement the Breakthrough in Chronic Care model to improving patient experience with care; Directing methodological components of the CMS-funded CCHRI Better Quality Initiative which will produce and public report performance scores for 35,000 physicians in California using aggregated commercial and Medicare claims data; Directing the annual Patient Assessment Survey conducted in 183 medical groups in California. Past work included the development of a framework for assessing the performance of California hospitals on quality and efficiency measures and conducting a review of the content and effectiveness of disease management programs being offered by California health plans. Member of the California Healthcare Foundation Hospital Report Card Technical Committee, Member of the Integrated Health Care Association's "Pay-for-Performance" Technical Subcommittee, Member of the National Quality Forum Technical Subcommittee on cardiac performance measures, Member of Technical Advisory Committee of the California Office of Statewide Health Planning and Development California CABG Outcomes Reporting Program, Member of National Advisory Panel for the Massachusetts Health Quality Partners physician survey project, and member of the Executive Committee for the California Perinatal Quality of Care Consortium.

(June 1995-November 2001; converted to consultant in November 2001-present)

Health Policy Fellow, RAND Corporation, Social Policy Department, Santa Monica, California: During tenure as a RAND Graduate Student and PEW Fellow at RAND, analyzed public policy problems using economic and statistical modeling tools. Responsibilities included helping senior researchers draft funding proposals, analyzing data, summarizing research findings for publication, and presenting formal briefings to external audiences and the Board. Project Director for \$2 million HCFA-funded project to develop a computerized quality assessment tool (Q-A Tools). Research focused on quality measurement and economic evaluations of reforms to the small group health insurance market.

(September 1989-September 1995)

Developing a Global Quality Assessment Tool: Served as Project Director for a \$2 million HCFA-funded cooperative agreement to develop a computerized quality assessment tool for use by managed care health plans. Managed project team of eight clinical and non-clinical researchers. Wrote literature reviews and assisted with the development of clinical criteria to evaluate quality of care for adult women and children.

Creating Community-Based Health Data Systems: Served as an editor and lead writer for several chapters of a guidebook on the analysis and reporting of health care data. The book is a resource to help communities design access, cost, and quality studies using integrated data systems. Conducted a study to examine differences in satisfaction, rates of preventive services, and utilization of services by geographic and demographic subgroups.

Simulating the Distributional Effects of Health Care Reform: Served as Principal Investigator on dissertation study to assess the economic impact of the Clinton Health Security Act, with particular emphasis on workers in small firms. The study found that the mandate would have increased the wage disparity between small and large firms, and thus likely have led to a migration of workers from small to large firms.

Evaluating the Impact of ERISA: Served as Principal Investigator on US Department of Labor study to develop estimates of the proportion of individuals in two-worker households who would be eligible to self-insure under ERISA in the context of state health care reform.

Identifying Health Insurance Problems Among Small Employers: Interviewed state insurance commissioners and insurance industry officials to study access and affordability problems in the small group insurance market. Conducted economic modeling of the effect of varying price subsidies on the demand for health insurance by small firms. Co-authored final report; presented results at Department of Labor staff briefing.

Evaluating Alternative Delivery Systems: Analyzed medical claims data of Medicaid recipients in fee-for-service and HMO health plans to compare the cost and utilization experience. Co-author of final report for the Health Care Financing Administration.

Policy Analyst, Blue Cross of California, Woodland Hills, California: Served as Assistant to the Director for Health Policy and Advocacy. Wrote speeches for the Chairman of Blue Cross, conducted analyses of state and national health care reform proposals, and prepared position papers and options memoranda for legislative staff.
(March 1992-February 1995)

Senior Consultant, Client Services, MEDSTAT Systems, Inc., Cambridge, Massachusetts: Managed and increased revenues for eight Fortune 100 client accounts. Supervised account teams responsible for developing on-line medical cost and utilization information systems. Advised clients on cost containment; prepared analytic reports; briefed senior corporate staff; assisted in making sales presentations.
(July 1988-September 1989)

Director, Marketing and Business Development, General Health, Inc., Washington, D.C.: Responsible for marketing to and consulting with insurance carriers and Fortune 100 firms about the design and implementation of corporate health promotion programs. Identified prospective clients, designed sales presentations, prepared forecasts and proposals. Planned and managed projects for clients, prepared management reports for corporate benefit staff, and supervised four marketing associates.
(March 1987-July 1988)

Research Fellow, Department of Health and Human Services, US Public Health Service, Office of Disease Prevention and Health Promotion (ODPHP), Washington, D.C.
(May 1983-March 1987)

ODPHP Initiatives: Lead staff person for School Health Projects and assistant to Coordinator for Worksite Projects, working with business coalitions and Fortune 500 firms. Project Officer for two national surveys. Managed \$1.5 million in contracts/grants with national health and education organizations and foundations to establish health promotion programs. Provided technical assistance to private sector organizations on the development of health policy initiatives. Routinely gave speeches to national organizations to promote the adoption of the 1990 health objectives for the nation. Drafted contract/grant solicitations and project reports.

DHHS Initiatives: Served on Secretary's Task Force on Black and Minority Health and the PHS Women's Health Task Force. Participated in the Department's Advisory Committee on Drug Abuse. Assisted with drafting health legislation.

EDUCATION

Ph.D., RAND Graduate School of Public Policy, Center for Health Policy Studies, Santa Monica, California. April 1995. PEW Charitable Trusts Health Policy Fellowship (1989-1992). Dissertation: *Health Care Reform: Distributional Consequences of an Employer Mandate for Workers in Small Firms*. Committee: Drs. Arleen Leibowitz (Chair), Joseph Newhouse, and Lynn Karoly.

M.P.H., University of Michigan, School of Public Health, Departments of Health Behavior and Population Planning, Ann Arbor, Michigan. April 1983. Jessie Smith Noyes Foundation and School of Public Health scholarships.

B.S., Michigan State University, College of Natural Science, East Lansing, Michigan. June 1980. Dean's honor list, 1976-1980.

PROFESSIONAL HONORS

RAND Goal Medal recipient for developing P4P research area (2006)
Finalist, 1993 White House Fellowship program
Awarded \$20,000 dissertation grant, Agency for Health Care Policy and Research
Three-year doctoral scholarship, Pew Charitable Trusts
Masters scholarship, Jessie Smith Noyes Foundation
Award for outstanding work, DHHS Task Force on Women's Health
DHHS Secretarial recognition for service, DHHS Minority Health Task Force
Special recognition, DHHS Advisory Committee on Drug Abuse
Cash award for outstanding performance, NIH

PUBLICATIONS

Fung, CH, YW Lim, S Mattke, C Damberg, and PG. Shekelle. The Impact on Quality of Publicly- Released Performance Data: A Systematic Review of the Peer-Reviewed Literature. *Annals of Internal Medicine*, 2008;148:111-123.

McDevitt, RD, R Lore, MB Buntin, C Damberg and H Park. The CDHP Implementation Experience with Large Employers. A WatsonWyatt/RAND Report. August, 2007.

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CL Damberg, MS. Sorbero. Competitive Contracting for Hospital Services. A report prepared for the Centers for Medicare & Medicaid Services and the Assistant Secretary for Planning and Evaluation, DHHS. WR-510-ASPE-CMS, September 2007.

Kahn, KL, DM Tisnado, JL Adams, H Liu, WP Chen, FA Hu, CM Mangione, RD Hays, and CL Damberg. Does Ambulatory Process of Care Predict Health-Related Quality of Life Outcomes for Patients with Chronic Disease? *7 Health Services Research* 42:1, Part I (February 2007). **Health Services Research's 2008 John M. Eisenberg Article of the Year Award.**

Tisnado DM, JL Adams, H Liu, CL Damberg, et al. Does Concordance Between Data Sources Vary by Medical Organization Type? *American Journal of Managed Care*. 2007; 13:289-296.

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Farley, D.O., S.C. Morton, C.L. Damberg, et al. Assessment of the AHRQ Patient Safety Initiative: Moving from Research to Practice Evaluation Report II (2003-2004). RAND Health, 2007.

Teleki, S.S., C.L. Damberg, C. Pham, and S.H. Berry. Will Financial Incentives Stimulate Quality Improvement? Reactions from Frontline Physicians. *American Journal of Medical Quality*, Vol. 21, No. 6, Nov/Dec 2006

Sorbero, M.E., C.L. Damberg, R. Shaw et al., Assessment of Pay-for-Performance Options for Medicare Physician Services: Final Report. RAND Working Paper: WR-391-ASPE. May 2006.

Parker, J.P., Z.Li, C.L. Damberg, et al. Administrative versus Clinical Data for CABG Surgery Report Cards: The View from California. *Medical Care*, June 2006.

Tisnado, D.M., JL Adams, E Honghu Liu, CL Damberg, et al. Does the concordance between medical records and patient self-report vary with patient characteristics? *Health Services Outcomes Research Method* (2006) 6:157-175

Tisnado DM, Adams JL, Liu H, Damberg CL, Chen WP, Hu FA, Carlisle DM, Mangione CM, Kahn KL. What is the Concordance between the Medical Record and Patient Self-Report as Data Sources for Ambulatory Care? *Med Care*. 2006 Feb;44(2):132-140.

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Damberg, C.L., L. Hiatt, K.S. Chan, R. Noland, M.Greenberg, M. Steinberg, M.Schonlau, J. Malin, and E.A. McGlynn. *Evaluating the Feasibility of Developing National Outcomes Data Bases to Assist Patients with Making Treatment Decisions*. RAND. MR-1708-AHRQ. Santa Monica, CA. 2003.

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Danielson, B., A.G. Castles, C.L. Damberg. *Variation in Risk-Adjusted Cesarean Section Rates by California Region and Hospital Characteristics, 1995-1997*. (Submitted for publication)

Grumbach, K., J. Selby, C Damberg, et al. *Resolving the Gatekeeper Conundrum: A Study of What Patients Value in Primary Care and Referrals to Specialists*, *JAMA*, 1999.

Danielson, B., A.G. Castles, C.L. Damberg, and J.B. Gould. *Discharge Timing and Re-Hospitalization: The Experience of Newborns in California, 1992-1995*, *Pediatrics*, 1999.

Castles, A.G., A. Milstein, and C.L. Damberg. *Using Employer Purchasing Power to Improve the Quality of Perinatal Care*, *Pediatrics*, Vol. 103, No.1, January 1999.

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McGlynn, E.A., E.A. Kerr, C. Damberg, and S. Asch (eds.). *Quality of Care for Women: A Review of Selected Clinical Conditions and Quality Indicators*, RAND, September, 1995.

McGlynn, E.A., C.D. Naylor, G.M. Anderson, et al. (co-author). A Comparison of the Appropriateness of Coronary Angiography and Coronary Artery Bypass Graft Surgery Between Canada and New York State, *Journal of the American Medical Association*, Vol. 272, No. 12, September 28, 1994.

Mauldon, J., J.L. Buchanan, A. Leibowitz, C. Damberg, and K.A. McGuigan. Rationing or Rationalizing Children's Medical Care: Comparison of A Medicaid HMO with Fee-for-Service Care, *American Journal of Public Health*, Vol. 84, No. 6, June 1994.

Leibowitz, A., C. Damberg, and K. Eyre. Multiple Employer Welfare Arrangements, in *Health Benefits and the Workforce*, U.S. Department of Labor, Pension and Welfare Benefits Administration, 1992.

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EDUCATION

MS, University of Rochester (Public Policy Analysis), 1997
BA, Wellesley College (Major: Spanish literature/Minor: Economics),
1991

PROFESSIONAL EXPERIENCE

Senior Project Associate
RAND
February 2001-present

Research Assistant
RAND
July 1997-October 2000

Research Analyst
Rochester Healthcare Information Group
January 1997-July 1997

Research Analyst
Center for Governmental Research
May 1996-December 1996

Research Assistant
Department of Political Science, University of Rochester
September 1995-June 1997

Assistant to the President
Rochester Business Opportunities Corporation
September 1994-August 1995

Bilingual Elementary Teacher
DeZavala Elementary School, Houston Independent School District
(through the Teach for America Program)
August 1991-June 1993

PROFESSIONAL ORGANIZATIONS/HONORS

Presidential Management Intern Finalist 1997
RAND Merit Bonus Awards, Bronze Medal Winner 2007

PUBLICATIONS

- Asch SM, McGlynn EA, Hiatt L, Adams J, Hicks J, DeCristofaro A, Chen R, LaPuerta P, Kerr EA. Quality of Care for Hypertension in the United States. *BMC Cardiovasc Disord.* 2005 Jan; 5(1):1.
- Damberg, C, Hiatt, L, Chan, K, Nolind, R, Greenberg, M, Steinberg, M, Schonlau, M, Malin, J, McGlynn, E. Evaluating the feasibility of developing national outcomes data bases to assist patients with making treatment decisions. *RAND* 2003.
- Haider, S, Klerman, J, MacDonald, L, Roth, E, Hiatt, L, Sutorp, M. Welfare reform in California : design of the impact analysis : preliminary investigations of caseload data. *RAND* 1999.
- Hiatt, L and Klerman, J. State monitoring of NSLP nutritional content : state by state results. *RAND* 1999.
- Hiatt, L and Klerman, J. State monitoring of NSLP nutritional content. *RAND* 1999.
- Klerman, J and Hiatt, L. Data Analysis on Windows: A New User's Guide. *RAND*, 1999.
- Mangione-Smith, R, McGlynn, E, Hiatt, L. Screening for Chlamydia in Young Women. *Archives of Pediatric and Adolescent Medicine*, November 2000; 154:1108-1113,
- Pryor, D and L Hiatt. A History of the Wilson Commencement Park Interventions, 1991-1996. Center for Governmental Research, 1997.
- Teleki, SS, Kanouse, DE, Elliott, MN, Hiatt, L, De Vries, H, Quigly, D. Understanding the Reporting Practices of CAHPS Sponsors. *Health Care Financing Review*, Spring 2007; 28(3): 17-30.

PROFESSIONAL EXPERIENCE:

Adjunct Instructor, Department of Pathology UCLA School of Medicine	(1986-1989)
Assistant Professor, Department of Pathology UCLA School of Medicine	(1989-1991)
Assistant Professor, Departments of Medicine and Pathology UCLA School of Medicine	(1991-1995)
Associate Professor, Department of Pathology and Laboratory Medicine UCLA School of Medicine	(1995-2001)
Professor, Department of Pathology and Laboratory Medicine UCLA School of Medicine	(2001-present)
RAND Health, Santa Monica, CA Deputy Director, Global Health	(1989-present) (2004-present)
Associate Director, Olive View/UCLA Medical Center Department of Pathology	(1992-1995)
Associate Director, Quality Management Services UCLA Medical Center	(1992-1996)
Director, Quality Management Services UCLA Medical Center	(1996-2004)
Associate Director UCLA Medical Center	(2000-2004)
Director, UCLA Center for Patient Safety and Quality UCLA Healthcare	(2002-present)

PROFESSIONAL ACTIVITIES:

HOSPITAL COMMITTEES:

<u>UCLA Medical Center/UCLA School of Medicine</u>	
Tissue Committee, Quality Assurance Review	(1983-1991)
Medical Staff Executive Committee	(1995-2004)
Clinical Laboratories Executive Committee	(1995-present)
Hospital Utilization Committee	(1987-1997)
Acting Chairman, July 1989-April 1990	
Quality of Care Assessment Committee	(1989-1996)
Chairman, March 1991-1996	
Performance Improvement Committee, Chair	(1996-1999)
Quality of Care Executive Committee	(1991-1997)
Accreditation and Licensure Committee	(1994-1997)
Quality Council	(1997-1999)
Clinical Effectiveness Committee	(1994-1999)
Value Analysis Committee	(1999-2004)
Performance Improvement & Patient Safety Committee	(1999-present)
Data Safety Monitoring Board, Chairman	(1995-2003)
Clinical Scholars Program Research Advisory Committee	(1997-present)

HOSPITAL COMMITTEES (continued):Olive View-UCLA Medical Center

Hospital Utilization Committee	(1992-1995)
Human Subjects Protection Committee	(1993-1998)

UNIVERSITY COMMITTEES:

Ad hoc Committee on Promotion of Assistant Faculty Member	(2003)
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PROFESSIONAL ACTIVITIES:PROFESSIONAL ASSOCIATIONS

American Society for Clinical Pathology	
Member, Board of Directors	(1986-1987, 2000-present)
President	(2007-present)
President Elect	(2006-2007)
Vice President	(2005-2006)
Chairman, Resident Physicians Section	(1985-1987)
Member, National Meetings Activities Committee	(1987-2000)
Member, ASCP/CAP Joint Activities Committee	(2000-2003)
Chairman, Abstract Review Subcommittee	(1987-2000)
Member, Quality Assurance Committee (QAC)	(1988-1995)
Chairman, Protocols Subcommittee, QAC	(1988-1989)
Vice Chair, Practice Guidelines Committee, QAC	(1989-1995)
Member, Special Topics Council	(1989-1995)
Chairman, Special Topics Council	(1990-1995)
Physician Delegate, Exhibitors Advisory Committee	(1990-2001)
Chairman, Health Care Reform Subcommittee	(1993-1995)
Chairman, Practice Assessment Committee	(1995-1997)
Member, Commission on Continuing Education Exec Committee	(1995-2003)
Deputy Commissioner, Commission on Continuing Education	(1995-2002)
Commissioner Designate, Commission on Continuing Education	(2000-2001)
Commissioner, Commission on Continuing Education	(2001-2003)
Commissioner, Commission on Education	(2003-2005)
College of American Pathologists	
ASCP Delegate to Program and Program Evaluation Committee	(1996-1999)
Education Committee	(1999-2002)
Professional and Economic Affairs Committee	(1999-present)
Patient Safety and Quality Committee	(2003-present)
American Medical Association	(1999-present)
Current Procedural Terminology, Editorial Panel	(1999-present)
University HealthSystem Consortium	
Member, Clinical Evaluative Sciences Council	(1997-2004)
Member, Clinical Information Technology Advisory Committee	(2000-2005)
Member, Patient Safety Task Force	(2001-2003)
Healthcare Association of Southern California	
Quality of Care Committee	(2002-present)
Joint Commission on the Accreditation of Healthcare Organizations	(2004-present)
Professional and Technical Advisory Committee	

PROFESSIONAL MEMBERSHIP:

Society for General Internal Medicine	(1988-1996)
College of American Pathologists	(1987-present)
American Society for Clinical Pathology	(1982-present)
American Medical Association	(1999-present)
California Medical Association	(2002-present)

<i>Laboratory Medicine</i> , Editorial Advisory Board	(1988-2005)
<i>Pathology Patterns (American Journal of Clinical Pathology)</i> , Associate Editor	(1992-2005)

CONSULTING ACTIVITIES

Centers for Disease Control, Atlanta GA	(1988-1990, 2001-present)
Advisor to Training and Laboratory Program Office	
Member, Clinical Laboratory Improvement Advisory Committee (CLIAAC)	(2005-present)
Food and Drug Administration, Washington, DC	(1989-present)
Panel Member, Devices and Diagnostics, Clinical Chemistry and Toxicology	
Choice Care, Cincinnati, Ohio	(1992)
Quality and Appropriateness of Laboratory Services	
State of California Department of Health Services	
Clinical Laboratory Technology Advisory Committee	(1993-2002)
Chair of Committee	(1997-2001)
Hospital of the University of Pennsylvania	
Anatomic Pathology	(1994)
Veterans Administration Health Services Research and Development Project	
Evaluating Quality of Care Screens from Laboratory Databases; Ann Arbor, MI	(1996)
Aetna and SmithKline Beecham Quality Care Research Fund Grant Review Panel	(1999-2000)
Hartford, Connecticut	
Rochester Health Information Group, HealthMetrics Advisory Board	(1999-2000)
Centers for Medicare and Medicaid Services (CMS)	(2001-2005)
Advisory Panel on Ambulatory Payment Classification	
Agency for Healthcare Research and Quality	(2002)
Review Panel for Patient Safety Data Systems	
Review Panel for Challenge Grants (study section)	(2003)

COMMUNITY ACTIVITIES

American Cancer Society, California Division	
Member, Public Education Subcommittee-College Programs	(1977-82, 1985-86)
Chairman, Subcommittee for College Programs	(1980-1982)
Member, State Public Education Committee	(1980-1983)
Member, Profession Education Subcommittee for Program Evaluation	(1984-1988)
Member, State Professional Education Committee	(1990-1996)
Los Angeles Coastal Cities Unit	
Member, Unit Public and Professional Education Committees	(1982-1995)
Member, Los Angeles Coastal Cities Unit Board of Directors	(1994-1999)
Community Lecturer on Cancer Prevention and Education	(1983-present)
Member, Unit Public and Professional Education Committees	(1978-1982)
Member, Los Angeles Regional Council	(2003-2006)
National Kidney Foundation of Southern California	
Member, Metrowest Chapter	(1970-1988)
Treasurer, Metrowest Chapter	(1970-1973)

COMMUNITY ACTIVITIES

President, Metrowest Chapter	(1973-1976)
Member, Foundation Board of Directors	(1973-1976, 1982-1984)
Member, Program Committee	(1990-1995)
 Venice Family Clinic Research Advisory Committee	 (1996-1997)

TEACHING EXPERIENCE:

University of California, Los Angeles Department of Pathology and Laboratory Medicine Sophomore General Pathology Course (Pathology M201)	(1982-1998)
Sophomore Pathophysiology of Disease Course (Pathology M202)	(1983-1988)
Dental Pathology Course (Pathology 200A)	(1982-1991)
 Department of Medicine, Division of General Internal Medicine Robert Wood Johnson Clinical Scholars Program Computer Resources in Health Services Research	 (1990-2002)
 School of Medicine Interdepartmental Course Doctoring Course Clinical Applications of Basic Sciences	 (1993-2006) (2000-2002)
 Teaching Assistant, University of California, Los Angeles School of Public Health Community Cancer Education	 (1978-1980)
Chronic Disease Control through Intervention (Public Health 189)	(1983-1988)
 University of California, San Diego Department of Biology Biology of Cancer Course	 (1978-1982)
Course Founder and Teaching Assistant	
 University of California, Los Angeles Department of Biology (Biology 30) Biology of Cancer Course Teaching Assistant	 (1975-1978)

RESEARCH GRANTS

Commonwealth Fund, #91-41	\$325,000	2/91-2/92	"Appropriateness of Angioplasty in NY State" Co-Investigator
Commonwealth Fund, #91-41	\$630,000	2/90-2/92	"Appropriateness of Coronary Angiography & Bypass Surgery in NY State" Co-Principal Investigator
Hartford Foundation, #89299-11	\$1,475,000	1/90-6/93	"Appropriateness of Bypass Surgery, Carotid Endarterectomy, Abdominal Aortic Aneurysm Surgery, and Cataract Surgery in 12 Academic Centers" Co-Principal Investigator

Commonwealth Fund, #93-83	\$758,000	4/93-10/95	"Underuse of Coronary Revascularization Procedures in NY State" Co-Principal Investigator
State of California, Department Of Health Services Laboratory Field Services Prevention Program	\$90,000	7/96-6/98	"Physicians Office Laboratory Study" Co-Principal Investigator
ARROYO Center, National Defense Research Institute DASW 01-95-C-0059	\$1,800,000	6/97-9/00	"Review of the Scientific Literature as it Pertains to Gulf War Illnesses" Co-Principal Investigator
Agency for Healthcare Research And Quality P20 HS11512	\$600,000	10/01-9/05	"SAFER California Healthcare"
Department of Health and Human Services 282-00-0005_T018	\$942,000	9/05-3/07	Redesign of the National Hospital Discharge Survey

FELLOWSHIPS

Robert Murphy Graduate Student Fellowship, American Cancer Society, California Division, Inc. 1983-1984.

Regular Clinical Fellow, American Cancer Society, National Office, Grant No. 6067, 1984-1985.

LECTURES AND PRESENTATIONS

Guest Lecturer in Cancer Epidemiology and Prevention

- California State University, Fullerton (1978, 1979)
- Antelope Valley College, Lancaster (1980)
- Mills College, Oakland (1985, 1988, 1989, 1991, 1993, 1995, 1997, 1999, 2001, 2004)
- St. John Hospital and Health Center, Santa Monica (1986)
- California State Polytechnic, Pomona (1988)

Schotters SB, Pisa M, Hilborne L. Implementing, Performing and Interpreting Immunoelectrophoresis. Presented at:

- Washington Week Workshop**, CAMA Regional Programs, American Society of Clinical Pathologists, August 1984, Washington, D.C.
- ASCP National Meeting**, October 1986, Orlando, Florida.

Hilborne LH, Grody WW. Diagnostic Applications of Recombinant DNA Technology. Presented at:

- ASCP National Meeting**, April 1988, Kansas City, Missouri, October 1988, Las Vegas, Nevada, March 1989, Chicago, Illinois, October 1989, Washington, D.C., March 1989, San Francisco, California, October 1990, Dallas, Texas, March 1991, Nashville, Tennessee, March 1992, Boston, Mass., October 1992, Las Vegas, Nevada.
- ASCP Weekend Workshops**, June 1989, Denver, Colorado
- California Society of Histotechnologists**, May, 1988, Los Angeles, California.
- Hawaii Society of Medical Technologists**, May 1990.

ASCP Update Course, Marina Del Rey, California, October 1993, Chicago, Illinois, July 1996.

Hilborne LH. Use of Nucleic Acid Probes in the Diagnosis of Neoplastic Disease.

Clinical Ligand Assay Society, May 1989, Los Angeles, California

American Society for Medical Technology, June 1990, Los Angeles, California

Hilborne LH. Papilloma Virus: Spectrum of Disease. **California Medical Association**, Anaheim, California, March 1990.

Hilborne LH. Laboratory Certification and Laboratory Regulations-1990. **Obstetrics and Gynecology Assembly, Medical Group Management Association**, San Diego, California, May 1990.

Hilborne LH. Laboratory Turnaround Time and Laboratory Regulation. **Hawaii Society of Medical Technologists**, Honolulu, Hawaii, May 1990.

Hilborne LH. Technology Assessment in Laboratory Medicine. **Health Sciences Communication Educational Symposium**, Newport Beach CA, Orlando FL, Chicago IL, Nassau County NY, 1991.

Hilborne LH. Appropriateness and Technology Introduction in Laboratory Medicine: Nucleic Acid Probes. **Clinical Laboratory Managers Association**, Palm Springs CA, 1991

Hilborne LH. Low Level Urinary Albumin in Diabetic Patients. **Berkeley/Behring Educational Symposium**, Berkeley CA, 1991.

Hilborne LH. Measuring Appropriateness of Medical Procedures. **Laboratory Information Systems Annual Symposium**, Ann Arbor, Michigan, 1991, 1992

Hilborne LH. Clinical Opportunities for Cost Containment. **Symposium '91**, Alberta Health, Banff, Alberta, Canada, October, 1991.

Hilborne LH, Valenstein P. Should This Test Be Done? Presented at: **ASCP National Meeting**, September 1991, New Orleans, Louisiana, September 1992.

Hilborne LH. Practice Guidelines and the Physician's Workstation. **Laboratory Information Systems Annual Symposium**, Ann Arbor, Michigan, 1992

Peterson P, Hilborne LH. Should This Test Be Done? Presented at: **ASCP National Meeting**, October 1992, Las Vegas, Nevada, September 1993, Orlando, Florida, October 1994, Washington, DC, September 1995, New Orleans, Louisiana, October 1996, San Diego, California.

Hilborne LH. The impact of clinical guidelines on medical practice. Presented at: **Medical Society of Virginia Review Organization**, October 1992, Richmond, Virginia.

Hilborne LH. The role of practice guidelines and appropriateness in the practice of Pathology. Presented at: **Harbor-UCLA Medical Center Pathology Grand Rounds**, October, 1992, Torrance, California.

Hilborne LH. The role of practice guidelines and managed care in the practice of Pathology. Presented at: **Kaiser Permanente Medical Group Pathology**, February 1993, Los Angeles, California.

Hilborne LH, Lee HC. The role of laboratory medicine in quality patient care. Presented at: **Kaiser Permanente Medical Group West Valley Laboratory Symposium**, September 1993, Woodland Hills, California.

- Hilborne LH. Understanding clinical practice guidelines and appropriateness criteria. Presented at: **American Society of Clinical Pathologists Update Course**, Marina Del Rey, California, November, 1993.
- Hilborne LH, Lee HC. Understanding communications: How we can improve the work environment. Presented at: **American Society of Clinical Pathologists Regional Workshop**, April 1994, Long Beach, California, March 1996, San Francisco, California. **California Association of Medical Laboratory Technologists**, July 1996, Burbank, California. **American Society of Clinical Pathologists National Meeting**, September 2000, San Diego, California.
- Hilborne LH. Pancreatic disease. Presented at: **American Association for Clinical Chemistry review course**, April 1994, Santa Monica, California.
- Hilborne LH. The role of practice guidelines and managed care in the practice of Pathology. Presented at: **Long Beach Memorial Medical Center Grand Rounds**, May 1994, Long Beach, California.
- Hilborne LH, Lee HC. Should this test be done? Quality assessment, appropriateness, and practice guidelines. Presented at: **American Society of Clinical Pathologists Teleconference**, June 1994, Chicago, Illinois.
- Hilborne LH, Lee HC. Understanding communications: How we can improve the work environment. Presented at: **American Society of Clinical Pathologists National Meeting**, October 1994, Washington, DC, September 1995, New Orleans, Louisiana, October 1996, San Diego, California, October, 1997, Washington DC, September, 1998, Philadelphia, Pennsylvania, October 1999, New Orleans, Louisiana.
- Hilborne LH. Determining the appropriateness of coronary angiography and revascularization procedures. Presented at: **Mid America Heart Institute**, Kansas City, MO, October, 1994.
- Hilborne LH. The role of the pathologist in managed care. Presented at: **Nebraska Association of Pathologists**, May 1995, Omaha, Nebraska.
- Hilborne LH. The role of the pathologist in managed care. Presented at: **College of American Pathologists Practice Guidelines Committee**, June 1995, Quebec City, Quebec.
- Hilborne LH. The Laboratorian's Perspective on Point of Care Testing. Presented to **California Department of Health Services Special Task Force**, August 1996. Oakland, California.
- Hilborne LH. UCLA Medical Enterprise: An Evolving Approach To Performance Improvement. Presented to **Association of American Medical Colleges Annual Meeting (Quality and Performance Improvement Interest Group)**, September 1996, San Francisco, California.
- Hilborne LH. Assessing Outcomes in Laboratory Medicine and Medical Practice. Presented at: **College of American Pathologists National Meeting**, September 1996, San Diego, California, April 1997, Chicago, Illinois.
- Hilborne, LH. Quality Outcomes in an Age of Uncertainty. Presented at: **American Society of Clinical Pathologists National Meeting**, October 1996, San Diego, California, September 1997, Philadelphia, Pennsylvania.
- Hilborne LH. Underuse of Coronary Revascularization in New York State. Presented to: **RAND Board of Directors**, April, 1997, Washington, DC.

Hilborne, LH. Helping Make Pathologists Successful in Managed Care Settings. **American Society of Clinical Pathologists Pathology Update**, July, 1997, Vancouver, BC; Montreal, PQ, July, 1998.

Hilborne LH. Quality and Medical Informatics. Presented at: **College of American Pathologists National Meeting**, September 1997, Philadelphia, Pennsylvania.

Hilborne LH. Working with Legislators and Government. Presented at: **College of American Pathologists National Meeting**, April 1998, Los Angeles, California.

Hilborne LH. Benchmarking: An Opportunity for Laboratories. Presented to: **Clinical Laboratory Managers Association**, July, 1999, Los Angeles, California, June 2003, Salt Lake City, Utah.

Hilborne LH. Benchmarking: Strategies for Increasing Laboratory Participation in Clinical Practice Improvement Efforts. Presented at: **American Society of Clinical Pathologists Annual Meeting**, October, 1999, New Orleans, Louisiana, Spring Meeting, April, 2000, Boston, Massachusetts, Annual Meeting, September, 2000, San Diego, California.

Hilborne LH. Using Electronic Tools to Facilitate Quality and Risk Management. Presented at: **University HealthSystem Consortium Quality and Risk Meeting**, February, 2000, Las Vegas, Nevada.

Hilborne LH. Establishing Medical Necessity: Working with Clinicians to Obtain ICD Diagnoses. Presented at: **American Society of Clinical Pathologists Spring Meeting**, April, 2000, Boston, Massachusetts, Annual Meeting, September, 2000, San Diego, California.

Hilborne LH, Stompler R, Leape LL. Reducing Errors in Medicine: A priority for the Laboratory and the Nation. Presented at: **American Society of Clinical Pathologists/College of American Pathologists Spring Meeting**, April, 2000, Boston, Massachusetts.

Hilborne LH. Reducing Errors in Medicine: A priority for the Laboratory and the Nation. Presented at: **LAC+USC Department of Pathology Grand Rounds**, June, 2000, **American Society of Clinical Pathologists/College of American Pathologists Fall Meeting**, October, 2000, San Diego, California, **UCLA Department of Pathology Grand Rounds**, December, 2000, **Kaiser Pathology Educational Forum**, February, 2001, **Kaiser Annual Laboratory Symposium**, May, 2001, **Clinical Laboratory Managers Association**, June 2002; **Clinical Laboratory Managers Association-Los Angeles Chapter**, October 2002.

Hilborne LH. Reducing Errors in Medicine: A National Priority. Presented at: **Lancaster Community Hospital Annual Medical Staff Meeting**. September 2001 & November 2002, Lancaster, California.

Hilborne LH. Reduction in Medical Errors. Presented at: **Providence Holy Cross Medical Center**. February, 2003, Mission Hills, California.

Hilborne, LH. Attacking the Medication Error Problem. Presented at **California Medical Review, Inc. Heart Failure, Surgical Infection Prevention, and AMI Collaboratives**. March – June, 2003. Ontario and Sacramento, California/

Hilborne, LH. Working together: The UC-wide Safety Initiative. Presented at **San Diego Center for Patient Safety Conference**. March 2003, La Jolla, California.

Hilborne LH. New Trends in Practice Management: The Electronic Medical Record: Promises and Pitfalls. Presented at **Harvard Medical School/UCLA PriMed Conference**. April, 2003. Long Beach, California.

- Hilborne, LH. Perspectives on Minimizing the Data Burden: A Hospital Viewpoint. **Presented at Agency for Healthcare Research and Quality National Summit on Patient Safety Data Collection and Use.** April, 2001, Reston, Virginia.
- Hilborne, LH. Use of Clinical Database Data to Drive Clinical Change. **Presented at University HealthSystem Consortium Clinical Operations Officers and Chief Financial Officers.** May, 2001, Key Biscayne, Florida.
- Hilborne, LH. Implementing Quality Solutions in Hospitals. Presented at **Society for General Internal Medicine.** April, 2003. Vancouver, British Columbia.
- Hilborne, LH. Patient Safety Perspectives. **Presented at Centers for Disease Control and Prevention Quality Institute.** April, 2003, Atlanta, Georgia.
- Hilborne, LH. The United States' Perspective on Patient Safety. Keynote speaker at **National Taiwan University Hospital 108th Anniversary Celebration.** June, 2003, Taipei, Taiwan.
- Hilborne, LH. Using ORYX Data To Drive Change. Presented at **University HealthSystem Consortium Annual Quality Meeting,** October 2003, Scottsdale, Arizona.
- Hilborne, LH. The Essentials for Patient Centered Care, A United States' Perspective. Keynote speaker at **Asia Foundation in Taiwan (AFIT).** November, 2003. Taipei, Taiwan.
- Hilborne, LH. Establishing a Sound Healthcare Environment to Ensure All Parties as Winners. Forum speaker at **Asia Foundation in Taiwan (AFIT).** November, 2003. Taipei, Taiwan.
- Hilborne, LH. Patient Safety and Error Reduction. **Sherman Oaks Hospital and Health Center.** January, 2004. Sherman Oaks, California.
- Hilborne, LH. Patient Safety: A National and Local Priority. **Lumetra Fast Track to Quality Workshop (California QIO),** March 2004. Pasadena, California.
- Hilborne LH. Benchmarking and Patient Safety: Important Ways to Set Your Laboratory Goals. Presented at: **American Society for Clinical Pathology ASCP/CLMA Meeting,** March 2004, Atlanta, Georgia, March 2005 Chicago, Illinois.
- Hilborne, LH. Strategies to Improve Performance on Hospital Metrics. **Healthcare Association of Southern California Annual CEO meeting,** April, 2004, Santa Barbara, California.
- Hilborne, LH. Healthcare Challenges in Taiwan. Moderator. Sponsored by Taipei Economic and Cultural Office, Los Angeles, California. September, 2004.
- Hilborne LH, Rubino J, Lessard D. Patient Safety: Parallels with Aviation. Presented at: **University HealthSystem Consortium Annual Meeting,** Scottsdale, AZ, October 2004. Also at Risk and Quality Meeting, San Diego, California, February 2005.
- Hilborne, LH. Making Guidelines Work: From Evidence to Practice. Presented at **Taiwan Cancer Quality Meeting,** Taipei, Taiwan, October, 2004.
- Hilborne, LH. Patient Safety and Human Factors. Presented at **Lumetra Human Factors Workshops,** Pasadena, California (January 2005), Sacramento (February 2005), Anaheim, San Jose, Teleconference (March 2005), Long Beach, Oakland (April 2005), San Bernardino, Fresno (May 2005).

- Hilborne, LH. Benchmarking and Patient Safety. Presented at Annual **Oregon Society for Clinical Laboratory Science Meeting**, Medford, Oregon, March 2005.
- Hilborne, LH. Patient Safety and Quality: An Update. Presented at **Tarzana Regional Medical Center** Tarzana, California and **Citrus Valley Medical Center** Covina, California Medical Staff meetings, April, 2005, and **Northridge Regional Medical Center**, August, 2005..
- Hilborne, LH. The Role of Medical Coding in Patient Safety and Quality. Presented at **California Health Information Association** Annual Meeting, Monterey, California, May 2005.
- Hilborne, LH. The Importance of Health to Security. Presented at Conference on Security and Challenges Facing Taiwan, **National Chengchi University, Taipei, Taiwan**, May 2005.
- Hilborne, LH. Disruptive Technologies in Pathology. Presented at **American College of Radiology** Planning Meeting, Reston, Virginia, June 2005.
- Hilborne, LH. The Value of Clinical Laboratory Tests. Presented to **United States Senate and House of Representatives Forums**, Washington, DC, July 2005.
- Hilborne, LH. Patient Safety Legislation and the Formation of a California Consortium to Address Patient Safety. Presented to **SAFER California Consortium**, Oakland, CA, September 2005.
- Hilborne, LH. Patient Safety: Hospital and Medical Staff Opportunities. Presented to **Lodi Memorial Hospital**, Lodi, CA, November, 2005.
- Hilborne, LH. Understanding the Patient Safety and Quality Improvement Act of 2005 – Implications for California. Presented to **Institute for Medical Quality**, Monterey, CA, February 2006.
- Hilborne, LH. Quality Indicators for the Clinical Laboratory. Presented to **AMMI Canada – CACMID Annual Conference**, Victoria, BC, March 2006.
- Hilborne, LH. Patient Safety: An International Perspective. Presented to **International Hospital Federation Asia Pacific Regional Conference (Taiwan Hospital Association)**, Taipei, Taiwan, April 2006.
- Hilborne, LH. Laboratory Quality Indicators: How do we know how we are doing? Presented to **American Association for Clinical Chemistry**, Chicago, IL, July 2006.
- Hilborne, LH. Introduction to Quality Systems. Presented to **Association of Pathologists of East, Central and Southern Africa (APESCA)**, Arusha, Tanzania, September, 2006.
- Hilborne, LH. ASCP Involvement In PEPFAR To Improve Diagnostics in Resource Poor Countries. Presented to **International Academy of Pathology**, Montreal, PQ, September, 2006.
- Hilborne LH. Rethinking the Future of Pathology Practice: You Can't Get There From Here. Presented to **APC/PDAS West/Midwest Regional Meeting**, Coronado Island, October, 2006.
- Hilborne, LH. Achieving Qatar's Quality Aims: Setting the Direction and Establishing Key Priorities and Actions for the Next Few Years. Presented to the **National Health Authority Board of Directors**, Doha, Qatar, October, 2006.
- Hilborne LH, Leon-Chisen N. The Connection Between Coding and Quality. Quality You Control. Presented to **AHA Coding Clinic Audio Conference**, Chicago, March 2007.

Hilborne LH. Rethinking the Future of Laboratory Medicine: You Can't Get There From Here. Presented to **ASCLS/CLMA Hawaii**, Honolulu, May 2007.

Hilborne LH. Patient Safety: The Roles and Responsibilities of the Laboratory Professional. Presented to **ASCLS/CLMA Hawaii**, Honolulu, May 2007.

Hilborne LH. Improving the Lives of People in Resource Limited Countries Through Better Diagnostics: A Tale of Two Projects. Presented to **American Society for Microbiology Annual Meeting**, Toronto, May, 2007.

PUBLICATIONS

RESEARCH PAPERS - PEER REVIEWED

1. Hilborne L, Wolf-Greenberg M. Student Directed Projects in Cancer Education: Eight Years Experience in California. *Journal of School Health* 1983;53(8):491-493.
2. Pepose J, Hilborne L, Cancilla P, Foos R. Concurrent Herpes Simplex and Cytomegalovirus Retinitis and Encephalitis in the Acquired Immune Deficiency Syndrome (AIDS). *Ophthalmology* 1984;91(12):1669-1677.
3. Hilborne LH, Cheng L, Nieberg RK, Lewin KJ. Evaluation of Human Milk Fat Globule for the Detection of Metastatic Epithelial Tumors in Body Cavity Fluids. *Acta Cytologica*, 1986;30(3):245-250.
4. Saito K, Saito A, Fu YS, Cheng L, Hilborne L. Immunoreactivity of Involucrin in Cervical Condyloma and Intraepithelial Neoplasia. *International Journal of Obstetrics and Gynecology*, 1986;5:308-318.
5. Hilborne LH, Nieberg, RK, Cheng L, Lewin KJ. Direct In-Situ Hybridization for Rapid Detection of Cytomegalovirus in Bronchoalveolar Lavage. *American Journal of Clinical Pathology*, 1987;87:766-769.
6. Hilborne LH, Glasgow BJ, Layfield LJ. Fine Needle Aspiration Cytology of Juvenile Hemangioma of the Parotid Gland. *Diagnostic Cytopathology*, 1987;3:152-155.
7. Fu YS, Berek JS, Hilborne LH. Diagnostic Problems of in situ and Invasive Adenocarcinomas of the Uterine Cervix. *Applied Pathology*, 1987;5:47-56.
8. Layfield LJ, Mukamel E, Hilborne LH, Hannah JB, Glasgow BJ, Ljung BM, deKernion JB. Cytologic Grading of Prostatic Aspiration Biopsy: A Comparison with the Gleason Grading System. *The Journal of Urology*, 1987;138:798-800.
9. Layfield LJ, Hilborne LH, Ljung BM, Feig S, Ehrlich RM. Use of Fine Needle Aspiration for the Diagnosis of Testicular Relapse in Patients with Acute Lymphoblastic Leukemia. *The Journal of Urology* 1988;139:1020-1022.
10. Hilborne LH, Oye RK, McArdle JE, Repinski JA, Rodgerson DO. Evaluation of Stat and Routine Turnaround Times as a Component of Laboratory Quality. *American Journal of Clinical Pathology* 1989;91:331-335.
11. Hilborne LH, Oye RK, McArdle JE, Repinski JA, Rodgerson DO. Use of Specimen Turnaround Time as a Component of Laboratory Quality: A Comparison of Clinician Expectations with Laboratory Performance. *American Journal of Clinical Pathology* 1989;92:613-618.

12. Hilborne LH, Lin PC, Higgins SA, Rodgerson DO. Evaluation of the Behring Nephelometer for detection of Low Level Albumin. *American Journal of Clinical Pathology* 1990;93:405-410.
13. McBride JH, Rodgerson DO, Hilborne LH. Human, rabbit, bovine, and porcine creatine kinase isoenzymes are glycoproteins. *J Clin Lab Anal* 1990;4:196-198.
14. Hilborne LH, Wenger NS, Oye RK. Physician Performance of Laboratory Tests in Self-Service Facilities: Residents' Perceptions and Performance. *JAMA* 1990;264:382-386.
15. Wenger NS; Greenberg JM; Hilborne LH; Kusseling F; Mangotich M; Shapiro MF. Effect of HIV antibody testing and AIDS education on communication about HIV risk and sexual behavior. A randomized, controlled trial in college students. *Annals of Internal Medicine* 1992;117:905-911.
16. Hilborne LH, Leape LL, Bernstein SJ, Fiske ME, Kamberg CJ, Roth CJ, Brook RH. Appropriateness of Percutaneous Transluminal Coronary Angioplasty in New York State. *JAMA* 1993;269:761-765.
17. Leape LL, Hilborne LH, Bernstein SJ, Kamberg CJ, Sherwood M, Brook RH. Appropriateness of Coronary Artery Bypass Graft Surgery in New York State. *JAMA* 1993;269:753-760.
18. Bernstein SJ, Hilborne LH, Fiske ME, Leape LL, Kamberg CJ, Brook RH. Appropriateness of Coronary Angiography in New York State. *JAMA* 1993;269:766-769.
19. Levine AJ, Harper J, Hilborne LH, Rosenthal DL, Weismeyer E, Haile RW. HPV DNA and the risk of squamous intraepithelial lesions of the uterine cervix in young women. *Am J Clin Pathol*, 1993;100:6-11.
20. Bernstein SJ, Hilborne LH, Leape LL, Park RE, Brook RH. The appropriateness of use of cardiovascular procedures in women and men. *Arch Intern Med*, 1994;154:2759-2765.
21. Kahan JP, Bernstein SJ, Leape LL, Hilborne LH, Park RE, Parker L, Kamberg CJ, Brook RH. Measuring the necessity of medical procedures. *Medical Care*, 1994;32:357-365.
22. McGlynn EA, Naylor CD, Anderson GM, Leape LL, Park RE, Hilborne LH, Bernstein SJ, Goldman BS, Armstrong PW, Keeseey JW; et al. Comparison of the appropriateness of coronary angiography and coronary artery bypass graft surgery between Canada and New York State. *JAMA*, 1994;272:934-940.
23. Naylor CD, McGlynn EA, Leape LL, Pinfold SP, Bernstein SJ, Hilborne LH, Park RE, Kahan JP, Brook RH. Coronary angiography and revascularization: defining procedural indications through formal group processes. The Canadian Revascularization Panel, the Canadian Coronary Angiography Panel. *Canadian Journal of Cardiology*, 1994;10:41-48.
24. Kravitz RL, Laouri M, Kahan JP, Guzy P, Sherman T, Hilborne L, Brook RH. Validity of criteria used for detecting underuse of coronary revascularization. *JAMA* 1995;274:632-638.
25. Lee PP, Hilborne LH, McDonald L, Tobacman JK, Kölder H, Johnson T, Brook RH. Documentation patterns in cataract surgery. *Ophthalmology* 1996;103:1179-1183.
26. Leape LL, Hilborne LH, Schwartz JS, Bates DW, Rubin HR, Slavin P, Park RE, Witter DM, Panzer RJ, Brook RH. The appropriateness of coronary artery bypass graft surgery in academic medical centers. *Annals of Internal Medicine* 1996;125:8-18.

27. Tobacman JK, Lee P, Zimmerman B, Kolder H, Hilborne L, Brook R. Assessment of appropriateness of cataract surgery at ten academic medical centers in 1990. *Ophthalmology* 1996; 103:207-215.
28. Kahan JP, Park RE, Leape LL, Bernstein SJ, Hilborne LH, Parker L, Kamberg CJ, Ballard DJ, Brook RH. Variations by specialty in physician ratings of the appropriateness and necessity of indications for procedures. *Medical Care* 1996; 34:512-523.
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19. Hilborne LH, Somrak T. Improving laboratory testing in resource poor countries. *Modern Pathology* 2006;19(Suppl 3):128.

REBECCA SHAW

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EDUCATION

University of Chicago, School of Social Service Administration, Chicago, Illinois
MA, Social Welfare, June 1998. Concentration: Research, Policy Analysis, and Program Development
Certification, Graduate Program on Health Administration and Policy, June 1998
The Advocate's Forum, Editorial Board

University of Kansas, School of Social Welfare, Lawrence, Kansas
BSW, Social Work, May 1996

PROFESSIONAL EXPERIENCE

RAND Corporation, Santa Monica, California
Research Assistant, July 2000 - May 2002
Senior Project Associate, May 2002 - present

Current Projects:

AHRQ National Patient Safety Program Evaluation Center

- Responsible for management of two sites (Greenville, SC and Indianapolis, IN) in which the uptake of patient safety practices are being studied in a two-phase process. Phase I responsibilities include recruiting, scheduling, and conducting interviews; gathering information on the community and health care market; and writing case studies. Phase II responsibilities include planning, recruiting, scheduling, conducting, and documenting site visits.
- Leading efforts to evaluate and document hospitals' experiences administering a patient safety culture survey. Responsible for recruiting hospitals, scheduling and conducting interviews, and reporting results.
- Interviewed grantees of the AHRQ-funded Patient Safety Improvement Corps to assess their progress in designing and implementing patient safety interventions.
- Interviewed grantees receiving funding for planning, implementing and evaluating health information technology projects.
- Performed literature review on factors that act as enablers or barriers to the successful use of health information technology systems, and assisted in development of conceptual framework of enabling characteristics for the implementation and sustainability of health information technology.

Principal Investigators: Donna Farley, Cheryl Damberg

Promising Practices Network

- Manage and lead strategic planning project on child abuse and neglect prevention for the Doris Duke Charitable Foundation. Design and coordinate administration of survey to professionals working in the child welfare field to assess current state of prevention activities and funding. Supervise expert panel and work with PPN web master on developing new web site section devoted to the project.
- Identify content for monthly updates to the Promising Practices Network (PPN) web site – www.promisingpractices.net, a web site devoted to disseminating information about programs that have been found to improve outcomes for children, youth and families, based on credible research results.

- Act as liaison to PPN's state and organizational partners to develop and maintain partner-specific web pages.
- Manage project to establish links between Kids Count data for three states and related resources on the PPN web site. The links will provide decisionmakers with access to information they can use to improve outcomes for the children in their state. Work with Executive Directors of state organizations and PPN web master to determine content and design of the new section on PPN. Evaluate the value and feasibility of making these links between Kids Count data and PPN in order to determine the merit of expanding the project to include all states.
- Manage theme projects that significantly expand the site content in specific areas such as children's mental health and education. Responsibilities include supervising a Scientific Review Panel of internal and external experts, edit program summaries, and identify relevant materials to add to a theme-related Resources and Tools section of site.
- Develop and edit original content placed on site and provide ongoing input on the design of the PPN web site, based on web site usability principles.
- Identify potential funding opportunities related to PPN's goals and priorities, and provide coordination and input into proposals.
- Assist in the coordination and planning of PPN Advisory Board meetings.

Principal Investigator: Rebecca Kilburn

Options for Improving the Military Child Care System

- Conduct literature review and interviews to assess trends in child care benefits in the private sector.
- Contribute to report that presents options for improving the military's child care system to better meet the military's recruitment, readiness, and retention goals.

Principal Investigator: Gail Zellman, Susan Gates

Quality of Medical Care in Workers' Compensation: A California Demonstration Project

- Provide project management for large-scale, multiphase project seeking to improve the quality of healthcare for injured workers, specifically those suffering from carpal tunnel syndrome.
- Manage literature review process that includes conducting literature searches, tracking literature requests, and retrieving and distributing literature.
- Assist in recruitment and selection of multidisciplinary Expert Panel made up of members nominated by national medical specialty societies.
- Oversee logistical arrangements for Expert Panel and Advisory Board meetings.

Principal Investigators: Teryl Nuckols Scott, Steven Asch

Medical Study of Impact of Recent Reforms

- Assist in evaluating the impact of legislative changes to the California workers' compensation system on patterns and costs of care provided to injured workers, injured worker's access to medical care, and other outcomes.
- Investigate the potential of using pay-for-performance models of compensation within the California workers' compensation system.

Principal Investigator: Barbara Wynn

Consumer Assessment of Health Plans Study (CAHPS) II

- Co-author document describing lessons learned about health plan quality reporting.
- Assist in literature review and other data collection on topic of health plan quality reporting.

Principal Investigator: Ron Hays

Completed Projects:

Assessment of Pay for Performance Options for Medicare Physician Services

- Conducted literature review on existing pay-for-performance programs to identify important issues in feasibility, design, and implementation of pay-for-performance compensation models for use in Medicare.

Principal Investigators: Melony Sorbero, Cheryl Damberg

Evaluation of the Current State of Patient Self-Management Support Programs

- Assisted in designing and conducting a utilization-focused evaluation of the current state of self-management support programs
- Conducted literature review, interviewed relevant stakeholders, and used case-study methods to collect the data for the evaluation.
- Co-author project report.

Principal Investigator: Marjorie Pearson

Healthy Marriage Precursors: Relationship Development Among Low-Income Youth and Young Adults

- Assisted in the review, compilation and synthesis of information related to trends, behaviors and attitudes regarding relationship development among low-income youth and young adults and the implications for family formation decisions later in life.

Principal Investigator: Benjamin Karney

California Workers' Compensation Medical Treatment Study

- Participated in multiple phases of study conducted for the California Department of Industrial Relations, including identifying the major utilization, cost driver, and quality-related issues affecting medical care provided to injured workers in California, and providing recommendations for improvements.
- Assisted in the evaluation of medical treatment and utilization guidelines for use in California.
- Assisted in the development of an expert panel to review select medical guidelines. Worked with medical specialty societies to solicit nominations for members of the expert panel, and vetted eligible nominees through interviewing references.
- Conducted stakeholder interviews, literature reviews, and general project management activities, including budget monitoring and reporting progress to the sponsor.

Principal Investigators: Barbara Wynn, Soeren Mattke

TV Viewing and Adolescents' Sexual Attitudes and Behavior

- Analyzed the sexual content of television shows with large adolescent audiences.
- Provided project staff with updates on relevant news from the field and in national press.
- Recruited community members to participate on project's Advisory Board and act as liaison between project staff and Advisory Board.

Principal Investigator: Rebecca Collins

Feasibility of Developing a Patient-Centered Quality Scorecard

- Managed project designed to test the feasibility of developing a web-based tool for healthcare consumers to assess the quality of care they are receiving for more than 20 possible medical conditions, including preventive care.
- Involved in content development, web design, and usability testing.

- Co-developed business models for the tool with the goals of proving the need, demand, and sustainability of the tool. Included conducting a competitive analysis of similar tools.

Principal Investigator: Elizabeth McGlynn

Impacting Consumer Decisions Regarding High Cost Medical Treatments

- Designed and tested online survey, and performed literature reviews for a study sponsored by Blue Cross Blue Shield Association, to explore the use of consumer decision support in achieving better medical outcomes and reducing costs for several medical treatment-condition pairs.
- Co-authored document on project results.

Principal Investigator: Mark Spranca

Outcomes of Children Conceived through In-Vitro Fertilization

- Contributed to research design, literature review, and other research support activities.

Principal Investigator: Gail Zellman

Community Quality Index - Round II

- Provided technical assistance for computerized, database-driven medical record data collection tool, for use in quality of care studies.

Principal Investigator: Elizabeth McGlynn

Private-Sector Implementation of the Health Cost Calculator (HCC) for UnitedHealth Group

- Project Manager for the customization and implementation of RAND's HCC and Flexible Spending Account Calculator (web-based decision support tools) for UnitedHealth Group.
- Involved in all developmental aspects of the HCC web site, including developing and customizing content, identifying and solving usability issues, and responding to client's modification requests.
- Responsible for maintenance of the web site and ongoing technical assistance for Human Resource staff and UnitedHealth Group employees.
- Conducted long-distance training of Human Resource staff to prepare them to use the tool and answer employee questions.
- Designed online survey to evaluate the site's usability, usefulness, and impact on employees' benefit enrollment decisions. Provide periodic summaries of survey responses.

Project Leaders: Mark Spranca, Michael Schoenbaum

Worksite Parenting Program for Parents of Adolescents (UCLA/RAND Center for Adolescent Health Promotion)

- Assistant Facilitator for on-site program for parents of adolescents.
- Assisted facilitators during program sessions, participate in role-playing and other one-on-one activities with program participants, and administer questionnaires to participating parents.
- Revised curriculum fact sheets. Topics included: HIV/AIDS, Sexually-Transmitted Diseases, Contraception, Sexual Orientation, and Peer Relationships

Principal Investigator: Mark Schuster

Private-Sector Implementation of the Health Cost Calculator (HCC) for National City Corporation

- Project Manager for the customization and implementation of RAND's HCC and Flexible Spending Account Calculator for a national bank with 30,000 employees. The HCC has been customized, implemented, and maintained for three consecutive years.

- Involved in all developmental aspects of the HCC web site, including developing and customizing content, identifying and solving usability issues, and responding to client's modification requests.
 - Responsible for maintenance of the web site and testing of monthly updates.
 - Plan and conduct on-site and long-distance training of Benefit Counselors to prepare them to use the tool and answer employee questions.
 - Designed online survey to evaluate the site's usability, usefulness, and impact on employees' benefit enrollment decisions. Provide periodic summaries of survey responses to the client.
- Project Leaders: Mark Spranca, Michael Schoenbaum

Center for Healthcare and the Internet

- Assisted in developing the mission and priorities for RAND's Center for Healthcare and the Internet (CHI). CHI is focused on studying the impact of information technology on consumer health behavior and the healthcare system. The Center's projects include designing, developing, implementing and evaluating e-health applications.

Center Director: Mark Spranca

People Like Me

- Gathered information on databases that collect information on patients with prostate cancer.
- Goal of project was to develop a blueprint for a national outcomes database for certain diseases that would assist patients and physicians with making treatment decisions.

Principal Investigator: Elizabeth McGlynn

Feasibility of a Colorectal Cancer Screening Measure for HEDIS

- Project manager for study aimed at designing a method for collecting data for and calculating rates of health plan performance on colorectal cancer screening. The measure was accepted into the HEDIS set of testing measures for 2004.
- Coordinate data collection activities with five health plans.
- Assist in revising medical record abstraction tool and training medical record abstractors.

Principal Investigator: Elizabeth McGlynn

Evaluating the Impact of Providing Medicare Disenrollment Rate Information to Medicare Beneficiaries

- Member of design team for developing and evaluating a module within the Medicare Health Plan Compare web site (CMS's consumer Medicare site) that provides information on disenrollment rates within Medicare managed care plans.
- Assist in developing experimental design, recruitment materials, lab experiment protocol, lab version of web site module, lab questionnaire, and project timeline.
- Conduct lab experiment sessions and data collection for 350 study participants.
- Assist in analysis and documentation of study results.
- Co-author of several forthcoming related publications.

Principal Investigators: David Kanouse, Mark Spranca

Making the Case for Business Benefits to Providers and Practitioners of Health Care Quality Improvement Projects

- Assisted with original and updated version of literature review.

Principal Investigator: Emmett Keeler

Flexible Insulin Regimen Support Tool

- Assisted in proposal development for a computerized insulin regimen to help diabetic patients better manage their disease.

Principal Investigators: Shin-Yi Wu, Mark Spranca

Effects of Alcohol Advertising on Underage Drinking

- Utilize Nielsen data to collect alcohol advertisements on television.
- Use video editing software to capture and edit still images of alcohol advertisements that are placed into annual surveys administered to middle school and high school students.
- Co-facilitate focus groups with middle school and high school students in South Dakota to learn about their media usage and attitudes about drinking.

Principal Investigator: Phyllis Ellickson

Private-Sector Implementation and Evaluation of RAND's Benefits Decision Support Tool

- Participated in customizing RAND's Benefits Decision Support Tool (BDST), a web-based application for health insurance beneficiaries, for a major national health insurance provider.
- Co-facilitated usability testing of the tool and conducted interviews with study participants.
- Analyzed usability testing results and documented findings. (RAND DRR-2377)

Principal Investigators: Mark Spranca, Michael Schoenbaum

Methadone Maintenance Treatment and Guidelines

- Assisted with literature review for the Swiss Federal Office of Public Health.

Principal Investigator: Martin Iguchi

American Medical Association, Program on Child and Adolescent Health, Chicago, Illinois

PIPPAH Program Manager, July 1998 to July 2000

- Program manager for Partners in Program Planning for Adolescent Health (PIPPAH), a multi-disciplinary initiative functioning on the national level to improve adolescent health status.
- Coordinated the AMA's National Coalition on Adolescent Health activities, including bi-annual meetings and special projects.
- Maintained the Adolescent Health On-Line Web site (<http://www.ama-assn.org/adolhlth/adolhlth.htm>).
- Developed informational materials for health care providers, adolescents and their families, in both print form and on the Internet.
- Performed research on adolescent health care providers' practices.

Research Intern, October 1997 to June 1998

- Assisted in implementation and evaluation of the AMA's Guidelines for Adolescent Preventive Services in middle school school-based health centers.
- Conducted research to measure health care providers' behavior changes.

Chicago Department of Public Health, HIV/AIDS Public Policy and Programs, Chicago, Illinois

Program Assistant, July to September 1997

- Assisted in needs assessment and planning process for the allocation of Ryan White Care Act funding for Chicago and surrounding counties.
- Contributed to annual Ryan White Care Act grant application by synthesizing information on service area.

Response Center, Medical Unit, Skokie, Illinois

Clinical Social Work Intern, October 1996 to June 1997, *Clinical Social Worker*, July to September 1997

- Provided health education and counseling to adolescents, emphasizing relationship and sexual health issues.
- Designed and implemented survey questionnaire to measure behavior and attitude changes of program participants.

Providence Medical Center, Kansas City, Kansas

Medical Social Work Intern, August 1995 to May 1996

- Provided psychosocial counseling and case management services to patients and families.

PUBLICATIONS

Pearson, M., Mattke, S., Shaw, R., Ridgely, M., Wiseman, S. What is the State of Patient Self-Management Support Programs? An Evaluation. Santa Monica, CA, RAND Corporation, 2007.

Wynn, B., Bergamo, G., Shaw, R., Mattke, S., Dembe, A. Medical Care Provided California's Injured Workers: An Overview of the Issues. Santa Monica, CA, RAND Corporation, WR-394-ICJ, 2007.

Farley, D., Damberg, C., Ridgely, M., Sorbero, M., Greenberg, M., Haviland, A., Meili, R., Teleki, S., Bradley, L., Dembosky, J., Fremont, A., Nuckols, T., Shaw, R., Taylor, S., Yu, H. Assessment of the AHRQ Patient Safety Initiative: Focus on Implementation and Dissemination, Evaluation Report III (2004-2005). Santa Monica, CA, RAND Corporation, TR-508-AHRQ, 2007.

http://www.rand.org/pubs/technical_reports/TR508/

Teleki, S., Shaw, R., Kanouse, D., Spranca, M., Vaiana, M. Lessons Learned in Reporting on Health Care Quality. [under review]

Spranca MD, Elliott MN, Shaw R, Kanouse DE. Disenrollment Information and Medicare Plan Choice: Is More Information Better? *Health Care Financing Review*, Vol. 28, No. 3, Spring 2007, pp. 47-59

Karney, B.R., Beckett, M.K., Collins, R.L., Shaw, R. Adolescent Romantic Relationships as Precursors of Healthy Adult Marriages: A Review of Theory, Research, and Programs, December 2006. RAND/TR-488-ACF

Teleki, S., Shaw, R., Damberg, C., McGlynn, E. Providing Performance Feedback to Individual Physicians Current Practice and Emerging Lessons: Final Report. Santa Monica, CA, RAND Corporation, WR-381-CHCF, 2006.

Nuckols, T., Wynn, B., Lim, Y., Shaw, R., Mattke, S., Wickizer, T., Harber, P., Wallace, P., Asch, S., MacLean, C., Hasenfeld, R. Evaluating Medical Treatment Guideline Sets for Injured Workers in California. Santa Monica, CA, RAND Corporation, WR-203, 2004.

Spranca, M., Ringel, J., Asch, S., Sanders, D., Burton, T., Elliott, M.N., Fung, C., Shrank, W., Shaw, R., Hambarsoomians, K., Brown, J. Reducing Costs and Improving Health through Targeted Investment in Treatment Decision Support. RAND Corporation, DRR-3386, August 2004.

Damberg C, Hiatt L, Chan KS, Nolind R, Greenberg MR, Steinberg M, Schonlau M, Malin J, McGlynn E.

Evaluating the Feasibility of Developing National Outcomes Data Bases to Assist Patients with Making Treatment Decisions, RAND Corporation, MR-1708-AHRQ, 2003.

Spranca, M., Elliott, M., Nolind, R., & Kanouse, D. *Does disenrollment information affect the plan recommendations of Medicare intermediaries?* Technical Expert Panel Meeting, Medicare CAHPS Disenrollment Survey, CMS, Baltimore, MD. February 6, 2002.

Fleming, M.F, & Towey, K. (Eds.). (2001). *Delivering Culturally Effective Health Care to Adolescents*. Chicago, IL: American Medical Association.

Spranca, M., Kimmerling, M., Nolind, R., & Phillips, S. *Results and recommendations from usability testing of United Healthcare's Benefit Decision Support Tool*. DRR (L)-2377-UHC, September, 2000.

What Psychologists are Doing to Address Health Risk Behaviors Among their Adolescent Patients. Poster presented at 2000 Annual Society for Adolescent Medicine Meeting, Arlington, Virginia.

Youth Need to Know Network: Addressing Abstinence-Only Education in Illinois. Roundtable presentation at 1999 Annual American Public Health Association Meeting, Chicago, Illinois.

Using Electronic Mail to Improve Web site Relevance for Users: Initial and Follow-up Study. Poster presented at 1999 Annual Society for Adolescent Medicine Meeting, Los Angeles, California.

Abstinence-Only Funding: Is it Worth the Price? New Legislation Denies Adolescents Vital Information. The Advocate's Forum, vol. 4, no. 1 (1997), pp. 1-3.
(viewable at: <http://www.ssa.uchicago.edu/publications/advforum/v4n1/advocates4.1.1.html>)

Ninth Annual Adolescent AIDS Conference. The Advocate's Forum, vol. 4, no. 1 (1997), pp. 23.
(viewable at: <http://www.ssa.uchicago.edu/publications/advforum/v4n1/advocates4.1.16.html>)

AWARDS

- RAND Merit Bonus Team Player Award, August 2006
- RAND Merit Bonus Award – Silver Medal, July 2005
- RAND Merit Bonus Team Player Award, August 2005
- RAND Merit Bonus Team Player Award, August 2003

STEPHANIE S. TELEKI

RAND 1776 Main Street, PO Box 2138
Santa Monica, California 90407-2138

email: Stephanie_Teleki@rand.org
phone: (310) 393-0411 x6807

EDUCATION

University of California at Los Angeles School of Public Health **Los Angeles, CA**
Doctor of Philosophy in Health Services Research and Policy **2002**

- Dissertation: "Direct-to-Consumer Promotion of Prescription Drugs: The Case of COX-2 Inhibitors" (examining effect of DTC promotion on appropriateness of prescribing)
- With Kaiser Permanente, awarded two-year grant (\$280,000) from the California HealthCare Foundation; this funding supported dissertation research (2000-2002)
- Awarded one-year UCLA Graduate Division Fellowship (2000-2001)
- Awarded two-year Agency for Health Care Research and Quality (AHRQ) Fellowship (1998-2000)
- GPA: 3.95

University of Texas at Houston School of Public Health **Houston, TX**
Master of Public Health in Health Services Research and Policy **1996**

- Thesis: "Effects of Genetic Testing on Access to Health Care in the United States"
- Awarded John Woodruff Simpson Fellowship for Alumni of Amherst College for graduate study in public health
- GPA: Pass (on a 2-level Pass/Fail system)

Amherst College **Amherst, MA**
Bachelor of Arts in English and History **1992**

- Junior Year Abroad: Paris, France; Summer Study: Vienna, Austria & Budapest, Hungary
- Activities: Writer for Arts section of College newspaper; English tutor; Resident of French/Spanish house.
- GPA: 3.70

PROFESSIONAL EXPERIENCE

RAND Corporation **Santa Monica, CA**
Health Unit

Policy Analyst **2007 - present**
Associate Policy Analyst **2002 - 2007**

- Conduct health-related research and policy analysis
- Research interests include: health care quality, pay for performance, consumer and physician information/behavior, patient safety, pharmaceuticals/prescription drugs, and health insurance/access to care.
- Current projects include:
 - *Consumer Assessment of Health Plans Study (CAHPS), Reports and Quality Improvement Teams*; funded by AHRQ: Co-investigator on Reports and QI Teams; leading two, multi-year, multi-faceted QI demonstrations with field partners to improve patient experience; leading a study to test report templates with physicians; led a study of CAHPS sponsors' consumer reporting patterns; conducted interviews with top-performing physicians to identify best practices for doctor-patient communication; designed a feedback report for individual physicians for QI.
 - *CMS/CAHPS Prescription Drug Plan*: Design and test consumer reports about Medicare prescription drug plans with Medicare beneficiaries.
 - *Assessment of the National Patient Safety Initiative*; funded by AHRQ: Manage a team to design a national safe practices adoption survey for hospitals; led a 3-year evaluation of the Patient Safety Improvement Corps (PSIC).
- Institutional responsibilities include:
 - Alternate Member of the RAND Human Subjects Protection Committee (2004-present)
 - Member of RAND Health's Business Development Operations Group (BDOG) (2005-present)
 - Served a two-year term as one of three representatives of the Health Associates (2004-2006)

RAND Corporation (continued)
Health Unit
Associate Policy Researcher

Santa Monica, CA
2002 - present

- Selection of past projects:
 - *ASPE/CMS Hospital Value-based Purchasing*: Conducted an environmental scan of hospital pay for performance (P4P), including interviews with hospitals and hospital associations; drafted consumer reporting section of the hospital plan CMS submitted to Congress.
 - *ASPE/CMS Physician Value-Based Purchasing*: Conducted a literature review of physician P4P, and wrote report section on this topic.
 - *Physician Feedback Reports*: Conducted key informant interviews and a literature review about quality of care feedback reports for individual physicians; funded by the California Healthcare Foundation.
 - *Evaluation of Integrated HealthCare Association (IHA)'s P4P Program*: Conducted interviews with medical group leaders of groups participating in IHA's P4P program, a statewide collaboration in California to reward physician groups for performance in clinical care, patient experience, and information technology.
 - *RAND COMPARE/Health Care Reform Project*: Conducting a literature review and drafting a report about the transparency of health care information in the U.S.
 - *Evaluation of the PPO Physician Quality and Incentive Program at Blue Cross of California (BCC)*; funded by the Robert Wood Johnson Foundation as part of the "Rewarding Results" program: Oversaw qualitative data collection; analyzed focus group and interview data as well as longitudinal performance and bonus payment data
 - *Evaluation of the feasibility of using claims data to assess health care quality*: Conducted a beta-test of RAND QATools system at Humana to assess quality of care at the individual physician level.

Kaiser Permanente California Division
Department of Pharmacy, Drug Information Services

Downey, CA
2000 - 2002

Co-Principal Investigator and Project Manager, Direct-to-Consumer Promotion of Prescription Drug Study

- Assembled research team, wrote proposal, and was awarded 2-year grant from the California HealthCare Foundation to study the effect of DTC promotion on the appropriateness of prescribing
- Designed and pre-tested mail survey; directed daily operations of study and data collection; conducted analyses; wrote results; presented findings

UCLA Center for Health Policy Research
Project Manager

Los Angeles, CA
1998 - 2000

- Researched, wrote, edited, and produced annual reports of health insurance in California
- Researched, wrote, edited, and produced report and policy briefs on variations in insurance and access to care in major U.S cities

Kaiser Permanente California Division
Department of Clinical Analysis, Technology Assessment and Guidelines Unit
Senior Analyst

Pasadena, CA
1996 - 1998

- Conducted technology assessments of medical equipment and procedures
- Developed, updated, and implemented clinical practice guidelines for clinicians
- Managed all phases of projects including: evidence review, operational/budgetary impact, consensus building, and implementation
- Presented regularly to the Medical Technology Committee, clinicians, and senior management
- Conducted evidence review for appeals/grievances
- Twice awarded Analytical Services Spotlight on Leadership Award for excellence in project management
- Promoted from Analyst to Senior Analyst

University of Texas MD Anderson Cancer Center
Community Oncology Program
Research Assistant

Houston, TX
1992 - 1996

- Interviewed patients and conducted focus groups for access to care, quality of life, and health services utilization studies in urban and rural Texas

JOURNAL ARTICLES

Teleki SS, Kanouse DE, Elliott MN., Hiatt L., de Vries H., and Quigley DD. "Understanding the Reporting Practices of CAHPS Sponsors." *Health Care Financing Review*. Spring 2007.

Teleki SS, Damberg CL, Pham C, Berry SH. "Will Financial Incentives Stimulate Physician Behavior Change to Improve Quality? Reactions from the Frontline." *American Journal of Medical Quality*. Vol. 21: 367-374, 2006.

Spence, MM, *Teleki SS*, Cheetham TC, Schweitzer SO, and Millares M. "Direct-to-Consumer Advertising of COX-2 Inhibitors: Effect on Appropriateness of Prescribing." *Medical Care Research and Review*. Vol 62, No. 5, 544-559, 2005.

Andersen RM, Yu H, Wyn R, Davidson PL, Brown ER, and *Teleki S*. "Access to Medical Care for Low-Income Persons: How Do Communities Make a Difference?" *Medical Care Research and Review*. Vol. 59, No. 4: 384-411, 2002.

Guidry JJ, Aday LA, *Teleki SS*, Winn RJ. "An Assessment of Rural Patients' Barriers to Cancer Treatment." *Texas Journal of Rural Health*. Vol. XIV, First Quarter, 16-27, 1995.

REPORTS

Farley DO, Damberg CL, Ridgely MS, Greenberg MD, Haviland A, Mendel P, and *Teleki SS*. "Assessing the Diffusion of Safe Practices in the U.S. Health Care System Interim Report to the Agency for Healthcare Research and Quality." Prepared for the Agency for Healthcare Research and Quality. RAND: Santa Monica, CA. October 2007.

Teleki SS, Sorbero MES, Hilborne L, Lovejoy S, Bradley L, Mehrotra A, and Damberg CL. "Performance Measurement in the Hospital Outpatient Setting." Prepared for the Centers for Medicare and Medicaid Services. Santa Monica, CA: RAND Health, 2007.

Farley DO, Damberg CL, Ridgely MS, Sorbero MES, Greenberg MD, Haviland AM, *Teleki SS*, Mendel P, Bradley LA, Dembosky JW, Fremont A, Nuckols TK, Shaw RN, Taylor SL, Yu H, Tharp-Taylor S. "Assessment of the National Patient Safety Initiative: Focus on Implementation and Dissemination, Final Report, Evaluation Report IV." Prepared for the Agency for Healthcare Research and Quality Santa Monica, CA: RAND, 2006.

Teleki SS, Damberg CL, Sorbero MES, Fremont A, Farley DO. "Evaluation of the Patient Safety Improvement Corps: Experiences of the First Two Groups of Trainees." Prepared for the Agency for Healthcare Research and Quality. Santa Monica, CA: RAND, 2006.

Teleki SS, Shaw RN, Damberg CL, McGlynn EA, "Providing Performance Feedback to Individual Physicians: Current Practice and Emerging Lessons, Final Report." Prepared for the California Healthcare Foundation. Santa Monica, CA: RAND, 2006.

Sorbero MES, Damberg CL, Shaw RN, *Teleki SS*, Lovejoy S, Decristofaro A, Dembosky J, Schuster C. "Assessment of Pay-for-Performance Options for Medicare Physician Services: Final Report;" Prepared for the Centers for Medicare and Medicaid Services. Santa Monica, CA: RAND, 2006.

Teleki SS, Dembe AE, Harris JS, Wickizer TM, Farley DO, and Wynn BO. *Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return to Work*. Santa Monica, CA: RAND, 2006.

Farley DO, Damberg CL, Ridgely S, Sorbero MES., Greenberg MD, Haviland AM, Meili RC, *Teleki SS*, Bradley LA, Dembosky JW, Fremont A, Nuckols TK, Shaw RN, Taylor SL, Yu H. "Assessment of the National Patient Safety Initiative: Focus on Implementation and Dissemination, Evaluation Report III." Prepared for the Agency for Healthcare Research and Quality.. Santa Monica, CA: RAND, 2005.

Teleki, S, Damberg, C. "Health Care Quality Measurement and Monitoring Features to Consider" in Supplement F to the report *Challenges and Alternatives for Employer Pay-or-Play Program Design: An Implementation and Alternative Scenario Analysis of California's Health Insurance Act of 2003 (SB2)* for the California HealthCare Foundation and the California Managed Risk Medical Insurance Board; 2005.

REPORTS (continued)

Northrop Grumman Information Technology, Inc; Harvard Medical School; *The RAND Corporation*; University of Maryland, Baltimore; and Westat. "Evaluation of Parity in the Federal Employee Health Benefits Program: Final Report", Contract Number: HHS-100-00-0025; 2004.

Farley DO, Morton SC, Damberg CL, Ridgely MS, Fremont A, Greenberg MD, Sorbero MES, *Teleki S*, Mendel P. "Assessment of the AHRQ Patient Safety Initiative: Moving from Research to Practice Evaluation Report II (2003-2004);" Prepared for the Agency for Healthcare Research and Quality. Santa Monica, CA: RAND, 2007.

Teleki SS, Damberg CL, and Curtis JH. "Blue Cross of California's Physician Quality and Incentive Program (PQIP): Program Design and Observations from Year 1 Implementation of PQIP;" Prepared for Blue Cross of California; 2004.

Farley DO, Morton SM, Damberg C, Fremont A, Berry S, Greenberg M, Sorbero M, *Teleki S*, Ricci K, and Pollock N. "Assessment of the National Patient Safety Initiative: Context and Baseline Status;" Prepared for the Agency for Healthcare Research and Quality.. Santa Monica, CA: RAND, 2004.

Brown ER, Wyn R, and *Teleki S*. *Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities*. Regents of the University of California/The Commonwealth Fund; 2000.

Brown ER, Wyn R, and *Teleki S*. *Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities: Supplement, Data From 85 Metropolitan Statistical Areas*. Regents of the University of California/The Commonwealth Fund, August 2000.

Brown ER, Ponce N, *Teleki S*. "Health Insurance Coverage of Californians" in *Controller's Quarterly Report: Healthcare in California*, Spring 2000.

Schauffler HH, Brown ER, Ponce N, McMenamin S, Mordavsky J, *Teleki S*, and Zawacki H. *The State of Health Insurance in California, 1999*. The Regents of the University of California, January 2000.

Greisinger AJ, Winn RJ, Storey P, *Teleki SS* et al. *A Caring Community: Guidebook to Resources for Patients with Advanced Cancer and Their Caregivers*. M.D. Anderson Cancer Center: Houston, 1995.

POLICY BRIEFS

Teleki SS, Shaw RN, Damberg CL, McGlynn EA, "Creating Physician Performance Reports: Early Lessons from the Field." San Francisco, CA, California Healthcare Foundation, 2006.

Wyn R, *Teleki S*, Brown ER. "Differences in Access to Health Care Among the Moderate- and Low-Income Population Across Urban Areas." Regents of the University of California; 2000.

Rice T, Ponce N, *Teleki S*, Brown ER. "What Accounts for California's Low Employment-Based Coverage?" Health Insurance Policy Program Alert, Regents of the University of California; 2000.

Ponce N, *Teleki S*, and Brown ER. "California's Uninsured Children: A Closer Look at the Local Level." Health Insurance Policy Program Alert, Regents of the University of California; 2000.

ABSTRACTS

Spence, M., *Teleki, S.*, Cheetham, TC. "Direct-to-Consumer Promotion of Prescription Drugs: The Case of COX-2 Inhibitors." AcademyHealth Annual Meeting, Washington, D.C., 2002.

Spence M, Cheetham TC, *Teleki S*. "Comparison of Electronic versus Survey Assessment of a Patient's Risk for NSAID Induced GI Hospitalization." *Pharmacotherapy*. 22(3):420, 2002.

ABSTRACTS (continued)

Greisinger AJ, Weitzner MA, Lorimor RJ, Aday LA, Cella DF, Amato RJ, Fossella FV, Pazdur R, Theriault RL, Storey P, *Teleki SS*, Winn RJ. "Development of a Quality of Life Module for End-Stage Cancer Patients." American Society of Clinical Oncology Annual Meeting, Los Angeles, CA, 1995.

Guidry JJ, Aday LA, *Teleki S*. "A Rural Assessment of Barriers to Cancer Treatment." Texas Rural Health Association 10th Anniversary Conference. Austin, TX, 1994.

Bistura JM, *Teleki S*, Winn RJ. "An Analysis of Access to Cancer Care as a Function of Distance in Texas." Association of Health Services Research Annual Meeting, San Diego, CA, 1994.

Greisinger AJ, Winn RJ, Zhang D, Mangold C, Rusinkiewicz J, Bistura JM, *Teleki S*, Stolzhus CL. "Utilization of Medical Resources in the Last Six Months of Life of Women Who Died of Metastatic Breast Cancer." Association of Health Services Research Annual Meeting, San Diego, CA, 1994.

Guidry JJ, Aday LA, *Teleki S*. "Qualitative Assessment of Cancer Patients' Perceptions of Barriers to Treatment." American Public Health Association Annual Meeting, San Francisco, CA, 1993.

PRESENTATIONS

Damberg CL; Sorbero M.E.S.; *Teleki SS*; Mehrotra A. "Assessment of Pay-for-Performance Options and Development of Medicare Hospital P4P Plan: Findings from Environmental Scan." Baltimore, MD; October 2006.

Teleki SS. Rewarding Results Invited Panel Meeting on Pay-for-Performance; Baltimore, MD; 2006

Teleki SS and Kanouse DE. "Understanding How Sponsors Collect, Report, and Use CAHPS Data: Findings from Interviews with CAHPS Sponsors." March and May to CAHPS Intergrantee Team and AHRQ Project Officers, 2006

Teleki S, Damberg CL, Pham C, and Berry S. "Using Financial Incentives to Stimulate Physician Behavior Change to Improve Quality: Reactions and Potential Barriers. Poster Presentation. AcademyHealth, Boston, MA; 2005.

Teleki S. "PQIP Evaluation: Preliminary Findings from Focus Groups & 1-on-1 Interviews." Rewarding Results Annual Meeting, Dallas, TX; 2004.

Teleki S. "Quality of Health Care in the U.S: How Good Is It and What Have We Learned About How to Improve it?" Research Colloquium on Workers' Compensation Medical Benefit Delivery and Return-to-Work. Los Angeles, CA; 2003.

Teleki S and Spence M. "Direct-to-Consumer Promotion of Prescription Drugs: The Case of COX-2 Inhibitors." Kaiser Permanente, Research and Evaluation Departmental Seminar, Pasadena, CA, 2003.

Teleki S. "Direct-to-Consumer Promotion of Prescription Drugs: The Case of COX-2 Inhibitors." Poster Presentation, AcademyHealth Annual Meeting, Washington, D.C., 2002.

Teleki S. "Direct-to-Consumer Promotion of Prescription Drugs: The Case of COX-2 Inhibitors." UCLA Seminar on Pharmaceutical Economics, Los Angeles, CA, 2001.

CONTENT EXPERTS

Rhondee A. Benjamin-Johnson, MD, MSc

3925 Prospect Ave Apt G

Culver City, CA 90232

(646)-623-3972

rbenjaminjohnson@gmail.comrbjohnson@mednet.ucla.edu**Education**

2007-present	University of California, Los Angeles MSHS, concentration Health Services to be granted 2009	Los Angeles, CA
1998-2003	Harvard Medical School MD, 2003	Boston, MA
2001-2002	London School of Economics and Political Science MSc, 2002 Anthropology and Development, <i>Merit</i>	London, UK
1993-1997	Spelman College BS, 1997 Chemistry Major, <i>summa cum laude</i>	Atlanta, GA

Postgraduate Medical Training

Mar 2007	Office Practice of Internal Medicine, CME course 38.5 CME credits	Boston, MA
2003-2006	Brigham and Women's Hospital Primary Care Internal Medicine Internship and Residency	Boston, MA
Apr-Jun 2006	West Roxbury Veterans' Affairs Hospital Chief Medical Resident	West Roxbury, MA

Research and Employment

2006-2007	Unity Healthcare, Inc. <i>Outpatient Physician, Full-time in federally qualified health center. Clinical care split between DC Dept of Corrections health Center and East of the River Health Center.</i>	Washington, DC
1999-2000	Soldiers of Health/Partners in Health <i>Case Manager, Prevention and Access to Treatment for HIV Program</i> Organized and facilitated community education workshops focused on HIV education. Worked as primary case manager for five clients, coordinating job training and housing assistance.	Roxbury, MA
Jan-Jun 2000	Harvard Medical School <i>Help Desk Technician, Computer Laboratory</i>	Boston, MA

- Jan-Jun 1998 Kenya Human Rights Commission Nairobi, Kenya
Women's Program Intern. Organized staff training on gender development and documented women's program activities.
- May-Aug 1997 Minority International Training Program, NIH/University of Alabama Kingston, Jamaica
Research Student. Designed and conducted survey at Nutrition clinics along with health workers in Kingston, Jamaica to identify factors affecting nutrition clinic attendance among moderately to severely malnourished children.
- Oct-May 1996-7 Centers for Disease Control, Education Division. Atlanta, GA
Research Assistant. Assisted in research for and revised an interactive online course focused on ethics and integrity in human subjects research for CDC staff.
- May-Aug 1995 NYU Undergraduate Research Apprenticeship New York, NY
Research Student. Conducted reliability testing of clinical questionnaire in ambulatory pediatric department.

Awards and Fellowships

- July 2007- Robert Wood Johnson, Clinical Scholars Program at UCLA
- Jan-Mar 2005 Yale International Scholars award to obtain clinical experience in HIV care in KwaZulu Natal, South Africa.
- Mar 2003 Arthur Ashe Fellow in AIDS Care at UCSF, San Francisco
- Aug 2001 Sinclair Kennedy Traveling Fellowship, awarded to study abroad at the London School of Economics.
- 2000 Le Grand Northeast Scholarship, Harvard Medical School
- 1997 Thomas J. Watson Fellowship to conduct 10-month independent study in India and Kenya, *A look at Women Scientists.*
- 1993-1997 Spelman College Presidential Scholar, merit based four-yr scholarship.

Licensure and Certification

- Apr 2007 Medical License, Medical Board of California
- Oct 2006 Certified, American Board of Internal Medicine
- Jun 2006 Medical License, DC Board of Medicine

Languages

Intermediate fluency in spoken and written Latin American Spanish

CORITA GRUDZEN, M.D., M.S.H.S.

CURRICULUM VITAE

PERSONAL HISTORY:

Business address:
University of California, Los Angeles
Robert Wood Johnson Clinical Scholars Program
911 Broxton, Third Floor
Los Angeles, CA 90024
(310) 794-8502
cgrudzen@mednet.ucla.edu

Personal address:
9 Bridge Lane
Croton-on-Hudson, NY 10520
(917) 204-5855

ACADEMIC APPOINTMENTS:

Not applicable.

HOSPITAL APPOINTMENTS:

Physician, Los Angeles City Jails, Calif, 2005-6.
Emergency Physician, Kaiser West Los Angeles, Calif, 2005-8.
Emergency Physician, Los Angeles County/USC, Calif, 2005-7.
Emergency Physician, Phelps Memorial Hospital, Sleepy Hollow, New York, 2007-8.
Emergency Physician, Northern Westchester Hospital, Mt. Kisco, New York, 2007-8.

EDUCATION:

B.S., Biological Sciences, Stanford University, 1995.
M.D., University of California, San Francisco, 2001.
Residency, Emergency Medicine, Bellevue Hospital/NYU, 2001-5.
M.S., Health Services, UC Los Angeles, 2007.
Fellowship, Robert Wood Johnson Clinical Scholars, UC Los Angeles, 2005-8. Primary mentors included Lillian Gelberg, Steven Asch, and Robert H. Brook.

CERTIFICATION:

American Board of Emergency Medicine, November 2006.

LICENSURE:

New York State Medical License #233941-1, 2004-.
California State Medical License #A91053, 2005-.

HONORS AND AWARDS:

Medical Scholars Program, UC San Francisco. Chosen to teach first year medical students gross anatomy, 1997-8.

National Security Education Fellowship, US Dept of Defense. Spent six months studying Portuguese and working in HIV prevention in Sao Paulo, Brazil, 1999-2000.

Patient Care Trust Fund. Received \$11,000 grant to fund formal training of emergency medicine residents in the sexual assault exam, 2003.

Aventis Resident Scholarship. Received scholarship to attend the national meeting of American College of Emergency Physicians in Boston, 2003.

Robert Wood Johnson Clinical Scholar, UC, Los Angeles, 2005-8.

Chief Resident, Bellevue Hospital Center/NYU Emergency Medicine Residency, 2004-5.

OTHER PROFESSIONAL APPOINTMENTS:

Volunteer, Research Group for the Prevention of AIDS. Aided in the development and execution of an HIV peer education program in a public high school in Sao Paulo, Brazil, 1999-2000.

Editor and Translator, University of Sao Paulo School of Public Health, Brazil. Translated research proposals and papers in public health for submission to American journals, 1999-2000.

Delegate, Committee of Interns and Residents. Elected two consecutive years to represent the 400 residents from Bellevue Hospital to the national union, 2002-4.

Medical Volunteer, Guyana Watch, Have taken multiple trips to Guyana to provide medical outreach to rural areas, 2004-6.

Medical Volunteer, Basic Health/El Salvador, Have taken multiple trips to El Salvador to provide medical outreach and reproductive health services, 2005-6.

Research Director, Saphie's Gift, Founding board member of nonprofit to provide international community-based participatory medical relief, 2006-present.

ADMINISTRATIVE LEADERSHIP APPOINTMENTS:

INTERNAL:

Not applicable.

EXTERNAL:

Founder, People Affecting Children's Treatment (PACT). Founded a student organization to serve medically indigent children of the Bay Area. Projects included starting the first free children's clinic in San Francisco, 1997-8.

Vice President of External Affairs, Associated Students of University of California. Elected to represent UCSF students to the statewide University of California Student Association. Finalist, UC Student Regent position, 1997-8.

TRAINING RECORD:

<u>Name</u>	<u>Level of Trainee</u>	<u>Role in Training and Dates of Training</u>	<u>Training Venue</u>	<u>Trainee's Current Status & Institution Employed</u>
Jacqueline Torres	Graduate Student	Mentor and research collaborator	Qualitative and quantitative research	Graduate Student, UC Los Angeles

TEACHING ACTIVITIES:

Teaching Activity/Topic	Level	Role	Number of Learners	Number of hours per week/month/year	Years Taught
Resident Teaching at Bellevue/NYU	Departmental level	Chief Resident	15	8 hrs/week	2004-2005
Resident Teaching at LAC/USC	Departmental level	Teaching Attending	54	8 hrs/week	2005-2007

GRANT AND CONTRACT SUPPORT RECEIVED:

Funding Source and Project Title	Role in Project	Dates	Direct Costs	Supplemental Info
Robert Wood Johnson Foundation, Clinical Scholars Research Grant	PI	07/2005-06/2008	\$40,000	
California Health Care Foundation, Implementation and Evaluation of a New Prehospital Resuscitation Policy in Los Angeles County	PI	07/2007-06/2009	\$120,000	
California HIV/AIDS Research Program, HIV Risk and Health Status in Adult Film Performers	PI	09/2007-08/2009	\$100,000	
Archstone Foundation, Hospital-based Palliative Care Services Innovations Project	Qualitative Consultant	07/2007-06-2009	\$200,000	

PUBLICATIONS:

PEER REVIEWED

A. PEER REVIEWED ORIGINAL CONTRIBUTIONS

1. Wiencke JK, Zheng S, Lafuente A, Lafuente MJ, **Grudzen CR**, Wrensch MR, Miike R, Ballesta A, Trias M. Aberrant Methylation of *p16 INK4a* in Anatomic and Gender-specific Subtypes of Sporadic Colorectal Cancer. *Cancer Epidemiol Biomarkers Prev* 1999 8: 501-506.
2. **Grudzen CR**, Liddicoat R, Koenig W, Hoffman JR, Lorenz K, Asch SM. Developing quality indicators for the appropriateness of resuscitation in prehospital atraumatic cardiac arrest. *Prehospital Emergency Care*. 2007 Oct-Dec;11(4):434-42.

B. PEER REVIEWED ORIGINAL CONTRIBUTIONS (IN PRESS)

1. **Grudzen CR**, Elliott MN, Kerndt PR, Gelberg, L. Condom Use and High-Risk Sexual Acts in the Adult Film Industry: A Comparison of Heterosexual and Homosexual Films. Accepted to the *American Journal of Public Health*, March 2008.

C. OTHER PEER REVIEWED PUBLICATIONS

1. Pancu D, **Grudzen CR**. Images in emergency medicine. Cavernous sinus thrombosis. *Ann Emerg Med*. 2004 Nov;44(5):545, 557.
2. **Grudzen CR**. One resident perspective: resident education and the pharmaceutical industry. *Ann Emerg Med*. 2005 Jan;45(1):27-31.
3. **Grudzen CR**. Out-of-Hospital Resuscitation: Have we gone too far? *Prehospital and Disaster Medicine*. 2006 Nov-Dec;21(6):445-50.
4. **Grudzen CR**, Brook RH. High-Deductible Health Plans and Emergency Department Use. *JAMA*. 2007 Mar 14;297(10):1126.
5. **Grudzen CR**, Kerndt PR. The Adult Film Industry: Time to Regulate? *PLoS Medicine*. 2007 Jun;4(6):e126.
6. **Grudzen CR**, Legome E. Loss of International Medical Electives: Knowledge, Skills and Attitudes at Risk. *BMC Med Educ*. 2007 Nov 28;7:47.

D. BOOKS AND CHAPTERS

1. **Grudzen CR**, Leshchinsky F. *Bellevue Emergency Handbook*, First Edition. Wrote and edited a 160 page handbook on cardinal presentations in emergency medicine. Received production grant for 350 copies.

E. MEDIA RESOURCE EDUCATIONAL MATERIALS

1. Carrier E., **Grudzen CR**. Review of Cardiac Tests, *Emedicine.com*, 2005.

INVITED LECTURES AND PRESENTATIONS:

1. "Zero Degrees of Separation: International Health Research and Medical Training." Women and Health Series, Stanford University School of Medicine, October 24, 2005.
2. "Neck Trauma." Los Angeles County/USC Trauma Conference, Accra, Ghana, Korle-Bu School of Medicine. March 19, 2006.
3. "The Appropriateness of Resuscitation in Prehospital Atraumatic Cardiac Arrest", Society for Academic Emergency Medicine, Robert Wood Johnson Clinical Scholars Meeting, San Francisco, May 19, 2006.

ABSTRACTS:

1. Marsteller J, Braun R, **Grudzen CR**, Province, J. Predictors of Overall Patient Satisfaction in an Urban County ER. *Academy Health*, 2002.
2. **Grudzen CR**, Campa D. Patient Satisfaction by Resident and Attending Physicians in English and Spanish-speaking patients. *Society for General Internal Medicine*, 2002.
3. Davenport M, **Grudzen CR**, Rao R, Publication Rates in Emergency Medicine: A Comparison Among Specialties. *Society of Academic Emergency Medicine*, 2004.
4. Liddicoat, R, **Grudzen CR**, Koenig W, Hoffman, JR, Lorenz KA, Asch SM. The Appropriateness of Resuscitation in Preshospital Atraumatic Cardiac Arrest, *Association of Palliative Care*, 2006.
5. **Grudzen CR**, Margold W, Kerndt PR, Elliott MN, Ryan G, Schuster MA, Brook RH, Gelberg L. Workers' rights, health risk and the adult film industry: trends in high-risk sexual behavior and barriers to safer working conditions. *Robert Wood Johnson Clinical Scholars National Meeting*, 2006.
6. **Grudzen CR**, Elliott MN, Kerndt PR, Gelberg L. Condom Use and High-Risk Sexual Acts in the Adult Film Industry: A Comparison of Heterosexual and Homosexual Films. *American Public Health Association*, 2007.
7. **Grudzen CR**, Ryan G, Margold W, Torres J, Gelberg L. Female Performers in the Adult Film Industry: What and where is the risk? *American Public Health Association*, 2007.
8. **Grudzen CR**, Liddicoat R, Koenig W, Hoffman JR, Lorenz K, Asch SM. Developing Quality Indicators for the Appropriateness of Resuscitation in Prehospital Atraumatic Cardiac Arrest, *Robert Wood Johnson Clinical Scholars National Meeting*, 2007.
9. **Grudzen CR**, Koenig WJ, Hoffman JR, Boscardin J, Lorenz KA, Asch SM. Potential Impact of a Verbal Prehospital DNR Policy, *Society of Academic Emergency Medicine*, 2008.

Brie Williams, M.D., M.S.
University of California, San Francisco

Current Position: Assistant Professor of Medicine
UCSF Division of Geriatrics
Department of Medicine

Address: Division of Geriatrics
San Francisco VA Medical Center
4150 Clement Street, Box 181G
San Francisco, CA 94121
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FAX: (415) 750-6641
Email: brie.williams@ucsf.edu

Education

1990-94	Wesleyan University, Middletown, CT	B.A.	American Studies
1993	Universidad Catolica, Santiago, Chile		Semester Abroad
1995-99	Mount Sinai School of Medicine-City University	M.S.	Community Medicine
1995-99	Mount Sinai School of Medicine, New York, NY	M.D.	

Postgraduate Training and Career Development

1999-00	University of California, San Francisco	Medicine Internship
2000-02	University of California, San Francisco	Medicine Residency
2004-05	University of California, San Francisco	Geriatrics Clinical Fellowship
2005-06	University of California, San Francisco Department of Epidemiology and Biostatistics	Advanced Training in Clinical Research
2005-07	University of California, San Francisco	Geriatrics Research Fellowship
2007	Hartford Interdisciplinary Scholars	Communications Conference

Licensure and Certification

2000	Physician's and Surgeon's Certificate, Medical Board of California
2002	American Board of Internal Medicine
2005	Subspecialty in Geriatric Medicine, American Board of Internal Medicine
2006	Subspecialty in Palliative Care, American Board of Hospice and Palliative Medicine

Principal Positions Held

2002-04	University of California, San Francisco	Clinical Instructor of Medicine
2004-now	San Francisco VA Medical Center	Staff Physician
2007-now	University of California, San Francisco	Assistant Professor of Medicine

Other Positions Held Concurrently

2003-04	UCSF Medical School, Mount Zion	Site Director, Family/Community Medicine
2005-07	Lumetra Quality Improvement Organization	Physician Reviewer, Medicare Quality
2008	San Francisco Elder Abuse Forensic Center	Forensic Geriatrician
2007-now	San Quentin Prison Geriatrics Consultation and Teaching Service	Co-Director and Co-founder

Consulting Work

2001-05	Marin General Hospital, Greenbrae, CA	Hospitalist
2005-06	Lumetra / California Department of Corrections	Geriatric Prison Healthcare Consultant
2006-now	Holland and Knight Law Firm, Angola Prison, LA Robert King Wilkerson, et al. vs. Richard Stalder, et al.	Expert Examiner / Consultant
2007	Abt Associates and Lumetra	Geriatric Prison Healthcare Consultant
2007	Department of Justice, Civil Right Division Seattle King County Jail	Healthcare Consultant
2008-now	American Civil Liberties Union – LA County Jail	Healthcare Consultant

Honors and Awards

1993	The Humanities and Medicine Program, Mount Sinai School of Medicine, NY One of twenty students selected as college sophomores for early admission to medical school
1996	Patricia Levinson Summer Research Grant, Mount Sinai School of Medicine, NY
1997	Community Medicine Research Grant, Mount Sinai School of Medicine, NY
1998	The George James Research Travel Grant, Mount Sinai School of Medicine, NY
1998	Alpha Omega Alpha, Mount Sinai School of Medicine, NY
1999	Janet M. Glasgow Award, AMWA award for scholastic achievement
1999	George James Epidemiology Award, Mount Sinai School of Medicine, NY
2001	Nominee, Resident Teaching Award, UCSF Medical School
2002	Nominee, Resident Teaching Award, UCSF Medical School
2002	Floyd Rector Clinical Science Research Award, UCSF
2006	Presidential Poster Session, American Geriatric Society
2006	Outstanding Fellow Research Award, California Society of General Internal Medicine
2007	Hartford Geriatrics Health Outcomes Research Scholars Award
2007	Best Geriatrics Oral Abstract Presentation, Society of General Internal Medicine
2008	Brookdale Leadership in Aging Fellowship
2008	Best Health Policy/ Health Services Research, Presidential Poster Session, American Geriatric Society

Professional ActivitiesMembership in Professional Organizations

2002-now	Society of General Internal Medicine
2004-now	American Geriatrics Society

Service to Professional Organizations and Publications

2005	Reviewer, Journal of Hospice and Palliative Care
2007	Grant Reviewer, Langeloth Foundation
2007 – now	Member, Geriatrics Task Force, Society of General Internal Medicine
2008	Reviewer, Journal of Correctional Healthcare
2008 – now	Committee Chair, Distinguished Professor of Geriatrics Planning Committee, Society of General Internal Medicine

Invited PresentationsNational

2005	Centerforce Annual Summit, "Aging and Prison" (plenary talk)
2007	Grantmakers in Aging, San Diego CA "Aging Prisoners: An Overlooked Geriatric Population" (roundtable leader)

- 2007 California Endowment's Center for Healthy Communities: Meeting entitled "California's Aging Prisoners: Where Do We Go from Here?" Los Angeles, CA
- 2007 Veterans Administration Employee Education Service/Homelessness Prevention and Incarcerated Veterans Program, Baltimore MD "Aging veterans in prison and after release"
- 2007 CME Correctional Medical Conference, University of Texas Medical Branch, Houston TX "Aging in prison: The fundamentals of geriatric medicine"
- 2008 Geriatrics Grand Rounds, Weill Medical College of Cornell University, New York "When geriatrics and the law collide: Older adult contact with the legal system"

Regional and Other Invited Presentations

- 2002 San Francisco General Hospital and San Francisco VA Medical Center, Internal Medicine Noon Conference "The Meat and Potatoes of our Food Supply: GMOs and antibiotic-enriched food."
- 2005 Medical Ethics Elective, College Preparatory High School, Oakland, CA "End of life Considerations in the Elderly"
- 2007 Geriatrics Interest Group, Lunchtime Lecture "The Public Health Crisis of an Aging Prison Population"
- 2008 San Quentin Prison Healthcare Provider Meeting "Aging in Prison: Strategies for Care"

UNIVERSITY AND PUBLIC SERVICE

University Service:

Outside UCSF

- 1993-94 Senior Admissions Interviewer, Wesleyan University Selection Committee
- 1998-99 Student Admissions Officer, Mount Sinai School of Medicine Admissions Committee

UCSF Departmental Service

- 2001-02 Member, Internship Selection Committee, Department of Medicine, San Francisco General Hospital Primary Care Program
- 2002-04 Member, Quality Improvement Committee, Department of Medicine
- 2004-2007 Member, Geriatrics Education Committee, UCSF Division of Geriatrics
- 2007-now Member, the Task Force on Incarcerated Veterans, San Francisco VA Medical Center
- 2008 Chair, the Geriatrics Division Workload Committee

Public Service:

- 2003-04 Board Member, AIDS Legal Referral Panel, San Francisco
- 2005-06 Geriatric Consultant, Legal Services for Prisoners with Children, San Francisco
- 2006 Geriatric Consultant, Senior Ex-Offenders Program, San Francisco
- 2006-now Council Member, San Francisco Safe Communities Re-Entry Council

TEACHING

Formal Scheduled Classes for UCSF Students

Academic Yr	Course Title	Teaching Contribution	Class Size
2004-07	N203: End of Life Care across Practice Settings	Lecturer; 1-hour lecture per year	25-40
2005-present	M170.01A: Prison Health Elective	Lecturer; 1-hour lecture per year	20-40
2004-06	IDS 107: Life Cycle (Ethics, Pharmacology in Older Adults)	Discussion Group Leader, 2 2-hr sessions per year	15-20

Informal Teaching

- 2002 – 2004 Attending, Mount Zion Primary Care Medicine Resident Outpatient Clinic (1 day/ wk)

2002 – 2004	Attending, UCSF Medical Student Longitudinal Clinical Experience Clinic (½ day/ wk)
2003 – 2004	Site Director, Family and Community Medicine, UCSF Medical School, Mount Zion Clinic
2003 – 2004	Faculty Ombudsperson, 3 rd year residents, UCSF Primary Care Residency
2005 – 2006	Attending, Geriatrics Outpatient Clinic (½ day/ wk)
2005-now	Attending rounds, Geriatric Consult Service (1 month/ yr)
2005-now	Attending rounds, Palliative Care Consult Service (1 month/ yr)
2005-now	Attending, Weekly Geriatrics Outpatient Clinic (currently backup coverage 1 month/ yr)
2007-now	Attending and Curriculum Development, San Quentin Geriatrics Consultation and Teaching Service (1 day/ month)

RESEARCH AND CREATIVE ACTIVITIES

Peer Reviewed Publications

Original Articles

1. **Williams B**, Lindquist K, Sudore R, Strupp H, Willmott D, Walter L. "Being old and doing time: Functional impairment and adverse experiences of geriatric female prisoners." *J Am Geriatric Soc.* 2006; Apr;54(4):702-7
2. Sudore R, Landefeld C, **Williams B**, Barnes D, Lindquist K, Schillinger D. "Use of a modified informed consent process among vulnerable patients: a descriptive study." *J Gen Intern Med.* 2006 Aug; 21(8):867-73.
3. **Williams B**, Lindquist K, Moody-Ayers S, Walter L, Covinsky K. "Functional impairment, race, and family expectations of death." *J Am Geriatric Soc.* 2006; Nov;54(11):1682-7
4. Lindner S, Davoren JB, Volmer A, **Williams B**, Landefeld CS. "An electronic medical record intervention increased nursing home advance directive orders and documentation." *J Am Geriatric Soc.* 2007 Jul; 55(7):1001-6.
5. Baillargeon J, Soloway RD, Paar D, Giordano T, Murray O, Grady J, **Williams B**, Pulvino J, Raimer B. "End-stage liver disease in a state prison population." *Ann Epidemiol.* Aug 4 2007.
6. Pollack C, Chideya S, Cubbin C, **Williams B**, Dekker M, Braveman P. "Should health studies measure wealth: A systematic review?" *Am J Prev Med.* 2007 Sep;33(3):250-64
7. Sudore RL, Landefeld CS, Barnes DE, Lindquist K, **Williams B**, Brody R, Schillinger D. An advance directive redesigned to meet the literacy level of most adults: A randomized trial. *Patient Educ Couns.* 2007 Dec;69(1-3):165-95.
8. **Williams B**, Lindquist K, Sudore R, Covinsky K, Walter L. "Screening mammography in older women: The impact of wealth and prognosis" *Arch Int Med.* 2008 Mar 10; 168(5):514-20
9. **Williams B**, Greifinger R. "Elder care in jails and prisons: Are we prepared?" *Journal of Correctional Health Care.* 2008;14 4-6
10. Baillargeon J, Thomas C, **Williams B**, Begley C, Sharma S, Pollock B, Murray O, Pulvino J, Raimer B. "Emergency Department Utilization Patterns among Uninsured Patients with Psychiatric Disorders." *Psychiatric Services.* In Press
11. Sudore, RL, Schickedanz, AD, Landefeld, CS, **Williams B**, Lindquist K, Pantilat S, Schillinger, D. "Engagement in Multiple Steps of the Advance Care Planning Process: A Descriptive Study of Diverse Older Adults." *Journal of the American Geriatrics Society.* In Press
12. Baillargeon J, Snyder N, Soloway R, Paar D, Baillargeon G, Spaulding A, Pollock B, Arcari C, **Williams B**, Raimer B. "Hepatocellular Carcinoma Prevalence and Mortality in a Male State Prison Population." *Public Health Reports.* In Press.

Non-Peer Reviewed Publications

Book Chapters

1. Williams B, Abrales R. "Growing Older: Challenges of Prison and Re-entry for the Elderly." Chapter in Greifinger R, Public Health Behind Bars: From Prisons to Communities. Springer. New York, 2007. pp. 56-72.

Government Reports

1. Hill, T. Williams B, Lindquist, K, Kobe G "Aging Inmates: Challenges for Healthcare and Custody: A Report for the California Department of Corrections and Rehabilitation. May, 2006

Peer Reviewed Abstracts

2. Smith C, Williams B, Geer E, Rose D. "Palliative Care for Hospitalized Patients with Terminal AIDS." (Poster presentation at 12th World AIDS Conference, Geneva Switzerland, 1999)
3. Bibbins-Domingo K, Williams B, Leonardo J, Solberg P, May T, Fernandez A, Schillinger D. "Venus and Mars: Communication between Inpatient and Outpatient Physicians during Hospital Admission." (Poster presentation, Annual Meeting of the Society of General Internal Medicine, Atlanta GA, 2002)
4. Williams B, Lindquist K, Moody-Ayers S, Walter L, Covinsky K. "Equal Access to Poor Pain Control at the End of Life"(Oral presentation, Annual Meeting of the Society of General Internal Medicine, New Orleans LA, 2005)
5. Williams B, Lindquist K, Sudore R, Strupp H, Willmott D, Walter L. "Being Old and Doing Time: Functional Impairment and Adverse Experiences of Geriatric Female Prisoners." (Poster presentation, Annual Meeting of the Society of General Internal Medicine, New Orleans, LA 2005 and oral presentation, Annual American Public Health Association Boston, MA, 2006)
6. Williams B, Lindquist K, Moody-Ayers S, Walter L, Covinsky K. "Family Expectations of Death: The Role of Functional Impairment and Race/Ethnicity." (Poster presentation, Annual Meeting of the Society of General Internal Medicine, Los Angeles CA, 2006 and presidential poster session, Annual Meeting of the American Geriatrics Society, Chicago IL, 2006)
7. Williams B, Lindquist K, Walter L. "The Impact of Net Worth on Screening Mammography Use among Older Women." (Poster presentation, Annual Meeting of the Society of General Internal Medicine, Los Angeles CA, 2006 and poster presentation, Annual Meeting of the American Geriatrics Society, Seattle WA, 2007)
7. Williams B, Lindquist K, Hill T, Walter L. "Caregiving Behind Bars: The Role of Correctional Officers in Geriatric Prisoner Healthcare." (Oral presentation at the Annual Meeting of the Society of General Internal Medicine, Toronto Canada, 2007, accepted for presentation in the Presidential Poster Session of the Annual Meeting of the American Geriatrics Society, Washington D.C. 2008)

Research Awards and Grants

Hartford Geriatrics Health Outcomes Research Scholars Award Program (PI)

"The health, functional status and health outcomes of older adults in prison and after release"

Grant term: 7/1/07-7/1/09

Total amount of grant: \$130,000, Total amount per year: \$65,000

NIH Loan Repayment Program (PI)

"Socioeconomic status, Race/Ethnicity and 5-Year prognosis as Predictors of Screening Mammography among Older Women"

Grant term: 9/1/06 – 9/1/08

UCSF Hellman Family Award (PI)

"Assessing and Improving Health Outcomes among Incarcerated Older Adults"

Grant term: 1/1/08 – 12/31/08

Total amount of grant: \$40,000

The Brookdale Leadership in Aging Fellowship (PI)

"Assessing the health, functional status and healthcare needs of older adults transitioning from incarceration to community health systems"

Grant term: 7/1/08 – 7/1/10

Total amount of grant: \$250,000, Total amount per year: \$125,000

Emily Ai-hua Wang, MD

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South San Francisco, CA 94080
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EDUCATION

Harvard University, Cambridge, MA
Bachelor of Arts degree, History and Science, Magna Cum Laude, 1997
Dean's List, Harvard College Scholarship

Duke University Medical School, Durham, NC
Doctorate of Medicine, 2003

University of California, San Francisco
Master's of Clinical Science program, degree expected May 2008

POST DOCTORAL TRAINING

University of California, San Francisco
San Francisco General Hospital, Primary Care Program
Internal Medicine Residency Training Program, 2003-2006

University of California, San Francisco
Division of General Internal Medicine, San Francisco General Hospital
General Medicine Fellowship, 2006-2008

LICENSURE AND CERTIFICATION

California Licensure, #CA91236, 2005
Certified in Internal Medicine, American Board of Internal Medicine, 2006

CURRENT POSITIONS

Clinical Instructor, 2006-
University of California, San Francisco
Duties include: attending and teaching on Medicine Consult Service in San Francisco General Hospital 2 weeks per year, weekly precepting of residents in the General Medicine Clinic, and primary care physician for a panel of 100 medically-diverse patients in the General Medicine Clinic at San Francisco General Hospital

Consultant, 2007-
San Francisco City College
Design a curriculum for an 18-week class on chronic disease management for community health workers

Project Director and Founder, 2005-
Transitions Clinic, Southeast Health Center
San Francisco Department of Public Health

Direct a post-release clinic for recently-released prisoners leaving California State Prisons. Duties involve providing primary care for parolees, managing a staff of 4 people and a community advisory board of 9 members, and writing grants for funding.

RESEARCH EXPERIENCE

General Medicine Fellow, 2006-

Involved in multiple projects understanding the health of current and former prisoners and designing and evaluating health interventions targeting vulnerable populations

Research Fellow, 2003

American Medical Association

Designed a prospective case control study to explore the relationship between pediatric obesity and fast food consumption

Research Fellow, 2002

BOTUSA Project, Center of Disease Control—Gaborone, Botswana

Collected and analyzed epidemiologic and clinical data on prisoners with tuberculosis in order to develop a better screening tool for the Batswanan prison system

Research Fellow, 2000-2001

Howard Hughes Medical Institute, Duke University—Durham, NC

Analyzed the noncytolytic CD8⁺ T cell-mediated suppression of HIV-1 replication in acutely infected patients using immunologic assays

Research Assistant, 1997-1998

Yunnan Reproductive Health Research Association—Kunming, People's Republic of China

Coordinated a World Health Organization microfinancing project, designed to encourage women in rural Yunnan province to develop entrepreneurial skills and ultimately improve their overall social standing

Study Coordinator, 1997

Neuroendocrine Unit, Massachusetts General Hospital—Boston, MA

Responsible for the coordination of a large NIH-funded study on the effects of testosterone on men with AIDS wasting in collaboration with the Principal Investigators and other clinical staff. Worked closely with patients to monitor their well-being and arrange for clinical visits. Performed data entry and analysis.

BIBLIOGRAPHY

Peer-Reviewed Manuscripts

Wang E, White MC, Jamison R, Goldenson J, Estes M, and Tulsy J. "Discharge Planning and Continuity of Healthcare: Findings from the San Francisco County Jail," American Journal of Public Health April 2008.

Nelson, L, Wang E, McKenzie A, Mwansa R, Mpetsane F, Balang R, Wells C, Talbot E. "Rapid Assessment of Tuberculosis in a Large Prison in Gaborone, Botswana." Morb Mortal Wkly Rep. 28 (2003):250-2.

Grinspoon S, Corcoran C, Miller K, Wang E, Hubbard J, Schoenfeld D, Anderson E, Basgoz N, Klibanski

A. "Determinants of Increased Energy Expenditure in HIV-Infected Women." *American Journal of Clinical Nutrition* 68 (1998): 720-5.

Grinspoon SK, Corcoran C, Miller K, Biller B, Ascari H, Wang E, Hubbard J, Anderson E, Basgoz N, Heller H, Klibanski A. "Body Composition and Endocrine Function in Women with AIDS Wasting." *Journal of Clinical Endocrinology and Metabolism* 82 (1997): 1332-1337.

Ambeshie Yesus

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EDUCATION

UCLA NRSA Primary Care Research Fellowship

2007-present

LAC/USC Internal Medicine Residency Program

2003-2006

Duke University Medical School, Durham, NC

Medical Degree, May 2003

Yale University, New Haven, CT

Bachelor of Arts degree, Molecular Biophysics and Biochemistry, May 1997

EMPLOYMENT

Assistant Professor of Clinical Medicine, 8/2006-6/2007

Department of Geriatrics and General Internal Medicine

University of Southern California/Keck School of Medicine, Los Angeles, CA

RESEARCH EXPERIENCE

Research Fellow, 2007-present

Formed a partnership with a community organization which builds permanent supportive housing for homeless individuals, to study the health status and health care utilization of the tenants. This information will be used to develop an intervention to improve the health of the tenants. Data collection will begin in late June 2008.

Research Fellow, 2003

American Medical Association

Designed a cross-sectional study to explore the relationship between pediatric obesity and fast food consumption.

Research Assistant, 2000-2001

Psychiatry and Behavioral Sciences – Duke University, Durham, NC

Worked with Dr. Sheila Collins to develop β 3-adrenergic receptor wild-type and mutant adipose cell lines, in order to test the affect of a single versus dual signaling pathways on lipolysis, thermogenesis, and O₂ consumption in brown adipocytes.

Research Assistant, 1997

Immunology Laboratory, Yale University, New Haven, CT

Worked with Dr. Adrian Hayday to understand further the developmental pathway of gd cells. Assisted in research to discover a media which allows T cells at the E cell stage to develop into mature T cells in vitro. Aided in the production of a p27 transgenic mouse.

PRESENTATIONS/PUBLICATION

General Medicine Grand Rounds, 1/11/2007

Topic: Women's Health. Presented at Rand Schrader HIV Clinic, to Infectious Disease physicians, physician assistants, and nurses.

Internal Medicine Grand Rounds, 5/3/2006

Topic: High users of Emergency Department and Inpatient Medical Facilities. A review of the literature published on frequent users of acute medical care services, an independent analysis of the 2005 LAC+USC hospital admissions data and determination of the high user population, and a detailed discussion about the Medical High User Case Management Program in San Francisco. Presented at the Dept of Internal Medicine morning lecture, LAC+USC Medical Center, to attending staff physicians, hospital administrators, and medical house officers.

Morbidity and Mortality Grand Rounds, 8/28/2005

Topic: Prognosticating Patients and Terminating Care. Presented at Dept of Internal Medicine morning lecture, LAC+USC Medical Center, to attending staff physicians and house officers.

Yesus, Ambeshie; Medvedev, Alexander V; Cao, Wenhong; Collins, Sheila. "Dissection of the [beta]3AR-Stimulated PKA and MAP Kinase Pathways in Adipocytes" *American Diabetes Association 61st Scientific Session: 2001 Abstracts, #1728-PO.*

AWARDS/SCHOLARSHIPS

AOA Service Award, 2001

\$1,500 grant from the Alpha Omega Alpha Association for the Women's Exchange on Health and Well-being

American Diabetes Association Medical Scholars Grant, 2000-1

Receipt of a \$30,000 grant to do diabetes-related basic science research for one year.

COMMUNITY WORK/ VOLUNTEER EXPERIENCE

Hotline Advocate, 2002

Safe Horizon, NYC

Respond to crisis hotline calls dealing primarily with domestic violence and the September 11th tragedy.

Women's Exchange on Health and Well-being, 2001-2002

Co-founded a discussion class with women prisoners at the NC Correctional Institution, which focused on women's health issues and social factors which affect one's health. This project earned recognition by the US Secretary of Health and Human Services, Tommy Tompson, as the

second best interdisciplinary public health project nationwide. In addition, the program was awarded a \$15,000 grant by the American Association of Medical Colleges, grants from the Alpha Omega Alpha Association, the Albert Schweitzer Foundation, and the Eva J. Salber Memorial Fellowship.

Duke Student-Faculty Fundraising Show, Spring 2001

Co-wrote, co-directed, and co-starred in Duke Medical School's annual comedic musical, the proceeds of which went to the Durham Women's Shelter.

HEY-Durham, Spring 1999

Taught health education to local high school students.

LICENSURE/CERTIFICATION

ACLS certification

6/2005 to present

California State Medical License

A89753, 12/04 to present

DEA Registration/License

BY9096036, 2/05 to present

American Board of Internal Medicine

Certified, 11/2006 to present

References

- ¹ Rawls, J. A., *Theory of Justice*, Cambridge, Massachusetts: Harvard University, 1971.
- ² Kelso, J., "Achieving a Constitutional Level of Medical Care in California's Prisons, The Federal Receiver's Turnaround Plan of Action," June 2008. Online at http://www.cprinc.org/docs/court/ReceiverTurnaroundPlan_060608.pdf (as of June 12, 2008).
- ³ Fazel, S., Hope, T., O'Donnell, I., Piper, M., and Jacoby, R., "Health of Elderly Male Prisoners: Worse Than the General Population, Worse Than Younger Prisoners," *Age and Aging*, Vol. 30, 2001, pp. 403-7.
- ⁴ MMWR Morb Mortal Wkly Rep. Tuberculosis outbreaks in prison housing units for HIV-infected inmates--California, 1995-1996. 1999 Feb 5;48(4):79-82.
- ⁵ Imai, K., "Analysis of CDCR Death Reviews 2006," August 20, 2007. Online at http://www.cprinc.org/resources_other.html.
- ⁶ Way, B.B., Sawyer, D.A., Kahkejian, D., Moffitt, C., and Lilly, S.N. "State Prison Mental Health Services Recipients Perception of Care Survey," *Psychiatric Quarterly*, Vol. 78, No. 4, 2007, pp. 269-77.
- ⁷ Baillargeon, J., Black, S.A., Pulvino, J., and Dnn, K., "The Disease Profile of Texas Inmates," *Ann Epidemiol*, Vol. 10, 2000, pp. 74-80.
- ⁸ American College of Physicians, National Commission on Correctional Health Care, "Position Paper: The Crisis in Correctional Health Care," *Annals of Internal Medicine*, Vol. 117, 1992, pp. 71-77.
- ⁹ Access to Care Initiative: Draft Design Document, April 28, 2008.
- ¹⁰ Wagner EH, Austin BT, and Von Korff M. Organizing care for patients with chronic illness. *Milbank Q.* 1996;74(4):511-544
- ¹¹ Asch, S.M., Kerr, E.A., Keesey, J., Adams, J.L., Setodji, C.M., Malik, S., and McGlynn, E.A., "Who is at Greatest Risk for Receiving Poor-Quality Health Care?" *New England Journal of Medicine*, Vol. 354, No. 11, 2006, pp. 1147-56.
- ¹² Pawlson, L.G., Scholle, S.H., and Powers, A., "Comparison of Administrative-Only Versus Administrative Plus Chart Review Data for Reporting HEDIS Hybrid Measures," *American Journal of Managed Care*, Vol. 13, No. 10, 2007, pp. 553-8.
- ¹³ Feeney, D., Nishimi, R.Y., and Kizer, K.W., eds., *CMS-NQF Conference: Implementing NQF-Endorsed Consensus Standards*, Washington, D.C.: National Quality Forum, 2006.
- ¹⁴ Raimer, B.G., and Stobo, J.D., "Health Care Delivery in the Texas Prison System," *Journal of the American Medical Association*, Vol. 292, No. 4, 2004, pp. 485-89.

- ¹⁵ Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C.: National Academy Press, 2001.
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