



CeMHOR  **Arkansas**

*Center for Mental Healthcare
& Outcomes Research*

VA HSR&D Center of Excellence

- Richard R. Owen, MD
Director
- Marisue Cody, PhD, RN
Associate Director



Mental Healthcare Report

Research project will focus on people using cocaine who seek emergency treatment for chest pain

A study of people who seek treatment for chest pain at a hospital emergency room will give university and VA researchers a better clinical picture of cocaine users. It will also help researchers design interventions aimed at keeping individuals using cocaine in treatment and/or reducing their drug usage.

Brenda M. Booth, PhD, biostatistician and CeMHOR research health scientist, is Principal Investigator for the grant project, along with Jim Weber, DO, University of Michigan emergency physician and Director of Research at Hurley Medical Center in Flint, Michigan.

The four-year grant, "Chest Pain in the Emergency Department: Risks and Outcomes among Patients under 50," is funded by the National Institute on Drug Abuse (NIDA). Dr. Booth's other research focuses on improving healthcare and outcomes of veterans with substance use disorders.

"There are not much data available on outcomes or service use when we talk about people who use cocaine and experience medical problems," Dr. Booth said. This is in spite of estimates that 3.8 million people used cocaine in 1998, almost 1 million of them crack cocaine.

"Cocaine is the most common illicit drug of abuse by people who come to the emergency room," Dr. Booth continued, "and there was a 70% increase

in such emergency visits in the 1990s, according to medical record reviews. Even more important, we know that chest pain is the most frequent cocaine-associated medical complaint when these people are seen in the hospital emergency room."

The NIDA project intends to study 250 people who present to the Hurley emergency room with chest pain after recent cocaine use. Project staff intend to follow them regularly after their emer-

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Steering committee to plan CeMHOR role

CeMHOR will be host for 2003 annual meeting

February 12-14
Washington, DC
Renaissance Hotel

"Diverse Veteran Populations: Challenges and Opportunities" has been chosen as theme for the 2003 HSR&D annual meeting, and a CeMHOR steering committee is at work helping plan the event as the host Center of Excellence.

The committee, led by Dr. Richard R. Owen, CeMHOR Director, consists of Dr. Marisue Cody, Rafael Suarez, Dr. JoAnn Kirchner, Dr. Geoff Curran, Marty Curtis, Sonja Young, Ann Adams and Jennifer Stephens.

Dr. Kirchner is in charge of the Career Research Development Conference preceding the meeting. Assisting her are Dr. Jeffrey Pyne, Dr. Kathy Richards and Penny White.

Now that the theme is selected, the committee will work with the national HSR&D office to produce meeting announcements, including the call for papers, workshops and posters; invite speakers; plan the sessions and screen proposals; and help prepare the meeting materials. 4

Arkansas and Michigan researchers join efforts

(continued from front page)

gency room visit, gathering information about outcomes.

Dr. Booth said, "We will focus on people who have used cocaine recently, within the past 24 hours, who suddenly experience terrible chest pain caused by the cocaine use, pain they might not have experienced before when using cocaine.

"Usually, these people are going to be relatively young and have no other risk factors for a heart attack. But they present to the emergency room in a panic, *thinking* they're having a heart attack."

Even though the initial risk of heart attack, or death, is extremely low for most of this group during that visit to the emergency room, sustained cocaine use could increase the risk or lead to other serious, life-threatening medical complications, she said.

"What we're looking at is a situation, with chest pain severe enough to bring a cocaine user to the emergency room, that could give this person an opportunity to see the consequences of drug use and seek drug treatment in an effort to stop using. Is this experience going to cause them to go for follow-up treatment or reduce their cocaine use? With more information about this group, we could intervene to help this happen," Dr. Booth said.

She pointed out that two small studies she conducted at the University Hospital of

the University of Arkansas for Medical Sciences showed substantial numbers of people come into the ER not for their drug use but for other medical problems.

"This contact in the emergency room gives us a window of opportunity to identify people who need intervention," she added.

During 3-, 6- and 12-month follow ups of Hurley patients in the NIDA study, researchers will use assessment instruments to:

- characterize the group (sociodemographically and by drug use history, treatment history and other factors)
- identify when, where and how they interact with the healthcare system after the emergency room visit
- identify barriers to getting treatment
- measure outcomes in the year following the initial hospital visit

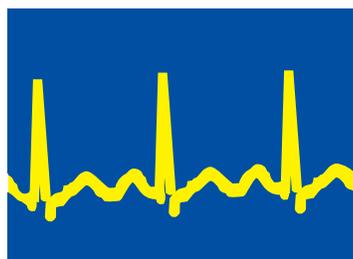
After the first year, focus groups of participants, as well as personal interviews, will give researchers more information needed to formulate interventions for the high-risk group of cocaine users.

Dr. Booth was on sabbatical at the University of Michigan in 1999-2000 when she met Dr. Weber and his colleagues there who are co-investigators for this study. Dr. Weber developed the clinical pathway at Hurley for cocaine-using patients with chest pain. His preliminary research is the basis for the current project.

Data from the study will come to North Little Rock for analysis, Dr. Booth said. The instruments developed for use with the project are in electronic format accessible on the internet.

One assessment tool the project will use is the Substance Abuse Outcomes Module (SAOM), developed by Arkansas researchers at the VA and the UAMS Centers for Mental Healthcare Research, and partially funded by an HSR&D Service-Directed Research grant.

The module, widely used by others around the country, was designed to measure outcomes of routine clinical care for substance abuse. 4



C • P • R

**Chest Pain Risks
& Outcomes Study**

Grant Title: "Chest Pain in the Emergency Department: Risks and Outcomes among Patients under 50"

Funding Source: National Institute on Drug Abuse

Total Funding: \$1,889,452

Principal Investigators: Brenda Booth, PhD, CeMHOR Health Scientist/ Professor, University of Arkansas for Medical Sciences (UAMS), and Jim Weber, DO, University of Michigan (UM) Emergency Physician and Director of Research, Hurley Medical Center, Flint, MI

Co-Investigators: John Fortney, PhD, CeMHOR Health Scientist/ Associate Professor, UAMS, and at the UM: Rebecca Cunningham, MD, Ron Maio, DO, and Maureen Walton, PhD

Project Coordinators: Patricia Wright, BSN, RN (CeMHOR/UAMS), and Lynn Massey, MSW (UM)

Collaboration Site: University of Michigan/Hurley Medical Center, Flint

Start Date: September 30, 2001

Duration: 4 years



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Catching up with: Lakiesha Hart Mitchell

Job Title: Research Assistant (Team Leader)

When did you start at CeMHOR? June 1998, when I was hired as a temp.

Where are you from? Los Angeles originally, but I've been in Arkansas so long I consider myself a country girl.

What project do you work on? Since January 2000: CBOCs (Community Based Outpatient Clinics) for Dr. JoAnn Kirchner, PI. We're one of 11 sites for the PRISMe study to evaluate an intervention to provide mental health and substance use services in community clinics, as opposed to VA specialty care clinics or hospitals. More than 400 subjects are in our study.

What do you do from day to day? When I first started, I was a full-time interviewer. Now, as team leader, I do interviews only occasionally. I'm helping write a grant application that would fund analysis of our local CBOC data, and I help with literature searches and chart reviews. I take care of getting subjects in the study reimbursed. I also supervise the workflow of the interviewers and perform routine maintenance on our data collection computer software.

What's the most interesting part of your job? The patients I have contact with. I learn something from each person I interview—everything from their wartime stories to their present lives.

What does it take to be a good telephone interviewer? Patience (with a capital "P"). What keeps me focused is the belief that everyone has issues and needs someone to listen, even if it means, as an interviewer, that I have to deviate from the script occasionally.

What are you personally learning from the CBOC study? We use the WinCATI (Windows Computer-Assisted Telephone Interview) program, CATI for short. This automated telephone interviewing software program gives us the capability to manage calls, monitor their disposition, consolidate data, and track



Lakiesha Hart Mitchell, RA and decorator/caterer

interviewers' productivity. I learned the program, used it as an interviewer, and now maintain it. As a result, I'm much more computer-literate: a plus.

What interesting jobs have you had? I was a chaplain's assistant in the Army National Guard. It's true what they say: "The Army does more before 9 a.m. than most people do all day." The Guard taught me there's nothing I can't do as long as I put my mind to it.

What do you enjoy doing away from work? I do wedding and special occasion coordinating: decorating, catering small parties, and creating floral

arrangements. I love entertaining—it's definitely food for my soul. I also do all-occasion gift baskets. In my leisure time, I love writing poetry—my soul's sweet release. It's very therapeutic.

What would you be doing if you weren't a research assistant? I would like to be a writer. I love communicating in almost any form, but technical writing figures into my career goals. I thoroughly enjoy expository writing (short stories, novels, poems). It allows me to express myself without discretion. I can write what I'd otherwise dare not say or write. Expository writing allows me to be *bold!*

We heard you had some significant events this past year. True. I received my master's degree last September and am breathing a sigh of relief—at least until I decide whether to pursue a PhD or EdD. I also celebrated my one-year wedding anniversary in December.

What about plans for a family? My husband and I "adopt" our nieces and nephews and other peoples' children for an hour or two on weekends. We look forward to having children of our own. Living with my husband, I still haven't gotten used to my house being in constant disarray. So we're negotiating on "whether to have children and/or pets" decisions.

What do you see yourself doing in the future? Who knows? Four years ago I wouldn't have imagined myself as a research assistant and loving it. I'm compiling my poems and hope to publish a book. Don't be surprised to see my work on bookshelves someday! 4

PRISMe Multi-site Study

Study Conditions: Depression, alcohol and anxiety disorders

11 Sites: VA-funded: Central Arkansas Veterans Healthcare System (CAVHS) Little Rock (AR), Miami (FL), Philadelphia (PA), Chicago (IL) & Madison (WI). SAMHSA-funded: University of San Francisco (CA), Dartmouth White River Junction (NH), Unity Health Systems (NY), Chinatown Health Clinic (NY), Sunset Park Family Health Center (NY) and University of Pennsylvania (PA).

CAVHS Site Study: "Service Use in Community Based Outpatient Clinics (CBOCs)"

JoAnn Kirchner, MD, Principal Investigator
Marisue Cody, PhD, RN, Co-Investigator
Mona Ritchie, LCSW, Project Director

Interviewers: Lakiesha Hart Mitchell, Hugh Leavell and Erica DeHart screened veterans by telephone for the study.

Telephone screenings and follow-up interviews on veterans referred from Texarkana (TX) and Monroe (LA) clinics:

6,531	Number of attempted contacts
4,783	Number considered eligible
789	Number screening positive
610	Number qualifying
580	Number agreeing to participate
422	Number giving consent
411	Number of baseline interviews completed
391	Number of 3-month follow-up interviews completed
376	Number of 6-month follow-up interviews completed

► Celebrating our past in HSR&D

By Richard R. Owen, MD, Director

IN FEBRUARY, MORE THAN 500 HEALTH scientists and other HSR&D personnel from around the country, including 11 from CeMHOR, gathered in Washington, DC, for the 2002 national meeting.



The theme was celebrating the past 25 years of history and shaping the future. Attendance was reported to be the highest of the previous 19 HSR&D national meetings.

On opening night we watched a video documentary on the history of HSR&D, which began 25 years ago with the funding of seven studies and a budget of \$3.6 million. That contrasts with a 2001 program of 143 studies and an annual budget of \$45 million in funds from Congress and \$49 million in medical care dollars.

The video featured interviews with past directors and current Director John Demakis, MD, who was recognized for his outstanding leadership. We have received a copy of the video so all CeMHOR personnel can watch it and feel the same sense of accomplishment we felt as we viewed the video and awards presentation.

Growth, diversity

What dramatic growth in 25 years, and how much more diverse the field of health services research has become! I couldn't help but note the diversity and significance of the projects and studies featured during the meeting, including five studies chosen for plenary presentation and 88 papers offered through presentations and workshops. Some quick meeting highlights:

- I took pride in the fact that the focus on HSR&D today included the singling out of QUERI. The Institute of Medicine report, *Crossing the Quality of Chasm: A New Health System for the 21st Century*, cited HSR&D's QUERI as "one of the strongest examples of synthesizing the evidence base and applying it to clinical care..."

- Our Mental Health QUERI group here at CeMHOR was mentioned as a "for instance," having conducted multiple interventions leading to significant improvements in improving adherence to recommended treatment guidelines for veterans with schizophrenia.
- Thursday morning keynote speaker Carolyn Clancy, MD, painted a picture of healthcare 25 years from now when, she predicted, "patients will be involved as essential stakeholders and participants in the research enterprise" and the question "What's the evidence?" will be as routine as the question "What are the patient's vital signs?" Dr. Clancy directs the Agency for Healthcare Research and Quality's Center for Outcomes and Effectiveness Research.
- Dr. Demakis shared his vision of the exciting opportunities for HSR&D in 2002 and beyond. These are: expanding research on quality improvement, patient safety, and management and policy research; improving VHA's clinical data bases to include more outcome measures, also addressing data security and privacy; and expanding collaborations with other agencies.
- As a judge for the 68 poster presentations, I was impressed with how much more qualitative research is being conducted than in previous years.



CeMHOR: host in 2003

Responsibility for hosting the annual meeting is on a rotation basis, and CeMHOR will act as host for the February 12-14, 2003, national meeting in Washington.

This is an exciting challenge for us here to have input into the program and to be

► CeMHOR PEOPLE

■ **Greer Sullivan, MD, MSPH**, research health scientist, has been named Vice Chair for Research in the UAMS Department of Psychiatry. In the part-time position that began in January, Dr. Sullivan will implement a strategic plan for the department's research development.



Dr. Sullivan is Director of the South Central MIRECC (Mental Illness Research, Education and Clinical Center). She

oversees development of research across this network, particularly at sites in Jackson, New Orleans, Houston and Little Rock/North Little Rock.

■ **Puru Thapa, MD**, post-doctoral fellow and University of Arkansas for Medical Sciences (UAMS) psychiatry resident, earned two recent honors based on his paper, "Do PRN Orders Expose Psychiatric Inpatients to Unnecessary Psychotropic Medications?"



Dr. Thapa was one of five recipients nationally of the American Psychiatry Association's Resident Research Award sponsored by Eli Lilly. That award meant \$1,500 for him and \$1,000 for the Department of Psychiatry. He also took first place again this year in a Poster Session for UAMS psychiatry residents. First place in the poster contest earned Dr. Thapa a \$1,000 educational grant award.

■ Welcome: **Nikki Hatchett**, part-time receptionist. Nikki is a native of Little Rock and a 2000 high school graduate. She works afternoons in Building 58. 4

involved in selecting the theme, speakers, papers, workshops and posters. Those of us involved in the planning hope to capitalize on the expertise of this year's meeting host, the Midwest Center for Health Services and Policy Research, Hines, IL, and the national office, which deserve our congratulations for an outstanding 20th annual meeting. 4