

## DIRECTOR'S SUMMARY AND COMMENTS

Since my last report, the Center's accomplishments have continued to exceed my high expectations. In this annual narrative, I will highlight selected academic accomplishments and ways in which Center faculty are using Greater Cleveland as a laboratory for our multi-disciplinary research and training, increasing both our reach and community impact.

### Support for Research and Training

Center faculty lead and collaborate across the Case Western Reserve University community on more than 40 multi-disciplinary research and training grants funded by federal, state, and foundation sources. Our broad and diverse expertise has contributed to the funding success of numerous faculty, departments, and centers, including the award in 2007 of the prestigious NIH-funded Clinical and Translational Science Award, in which Center faculty contribute to core programs in community-based research, practice-based research networks, statistical methods, and post-doctoral clinical research training. As of July 1, 2008, Center faculty serve as PIs or co-PIs on grants totaling over \$43 million in direct and indirect costs over the total award period, including almost \$7 million during calendar year 2008 (Appendix A).

#### Center for Health Care Research and Policy

Extramural Grant Funding	\$6,839,729
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Direct and indirect costs for grants active on 7/30/08 with Center faculty member as Principal Investigator

### Disciplinary Cross-Pollination

During 2007-08, Center faculty published 98 reports in peer-reviewed journals and an additional 22 book chapters, technical reports, editorials, and invited manuscripts. Reflecting our commitment to multi-disciplinary research and training, 15 of these publications were co-authored by two or more Center faculty and 12 were co-authored with our medical students or graduate trainees (Appendix B).

Disciplinary cross-pollination is illustrated in the collaborations between Senior Scholar and Assistant Professor of Obstetrics Jennifer Bailit, M.D. with Thomas Love, Ph.D., Director of the Center's Biostatistics and Evaluation Unit (see Appendix B, reference #1), Neal Dawson, M.D., Director of the Center's Clinical Decision Making Unit (reference #5), and Mark Votruba, Ph.D., Director of our Health Economics Research Unit (reference #7). In the last of these, Drs. Bailit and Votruba teamed up to investigate the medical cost savings associated with the use of 17P to reduce preterm birth among women at increased risk – an investigation made possible by the

partnership of an outstanding clinician-investigator with a talented health economist. The resulting manuscript was published as the lead article in the *American Journal of Obstetrics and Gynecology* and was accompanied by an editorial (2007; 196: 194-95) that highlighted the importance of their work in “helping to inform policy decisions and guide resource investments in the prevention of preterm birth”. I was especially pleased that their publication also was recognized by the Society for Medical Decision Making in its award of Outstanding Paper by a Young Investigator in 2008.



Assistant Professors Votruba and Bailit at MetroHealth's Neonatal Intensive Care Unit

Among papers published with students or graduate trainees, those guided by Drs. Neal Dawson, Pat Murray, Carol Blixen, and Ash Sehgal led the pack in 2007-08, with each senior investigator engaging three or more students as investigators and co-authors. Importantly, the student co-authors were *themselves* from different disciplines, and two of these three manuscripts resulted directly from graduate-level courses taught by Center faculty. As Greater Cleveland seeks to attract the best and the brightest, our educational and post-graduate training programs offer fertile ground for developing and retaining talented young investigators.

Disciplinary and methodologic diversity also is reflected in five new Senior Scholars who joined the Center since our last report, including Carol Blixen, R.N., Ph.D. (nursing, qualitative methods), Shari Bolen, M.D., M.P.H. (general medicine, epidemiology and meta-analysis), Richard McCormick, Ph.D. (psychology, health behavior), Adam Perzynski, Ph.D. (sociology, structural equation modeling), and Martha Sajatovic, M.D. (psychiatry, mental illness rating scales).

### **Community-centered Quality Improvement and Research Infrastructure for Chronic Conditions**

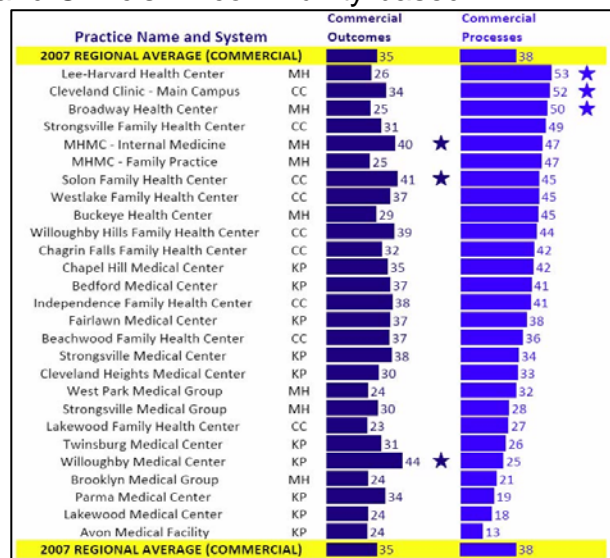
Grants funded by the Centers for Disease Control and Prevention (CDC), Agency for Healthcare Research and Quality (AHRQ), and the Robert Wood Johnson Foundation (RWJF) all focus on measuring and improving quality of care for patients with chronic conditions in community settings. While these efforts have ambitious goals to improve health care in northeast Ohio, they simultaneously establish infrastructure for research on populations, health care delivery, and health outcomes for individuals.

In stroke care, cerebrovascular Neurologist Irene Katzan, M.D., M.S. directs the Data Coordinating Center for the CDC-funded Paul Coverdell Ohio Stroke Registry ([www.cdc.gov/DHDSP/stroke\\_registry.htm](http://www.cdc.gov/DHDSP/stroke_registry.htm)), bringing her NIH-supported experience with 17 local hospitals to state-wide quality improvement efforts. Dr. Katzan also directs the Northeast Ohio Stroke Outcomes Research Program, whose purpose is to conduct research to improve outcomes and reduce racial disparities for persons with stroke ([www.neosorp.org/members.asp](http://www.neosorp.org/members.asp)).



Improving diabetes care and outcomes was the goal of an AHRQ-funded research collaboration between MetroHealth and Cleveland Clinic’s 24 community-based group practices. This experience has led to a region-wide program to measure, publicly report, and improve outcomes for several chronic conditions, supported by RWJF’s national *Aligning Forces for Quality* initiative ([www.rwjf.org/qualityequality/af4q/](http://www.rwjf.org/qualityequality/af4q/)).

Both of these programs capitalize on the region’s unique resources in electronic medical records (EMRs) and remarkable partnerships across diverse stakeholder groups. In “Better Health Greater Cleveland”, care and outcomes for over 25,000 patients with diabetes are reported for over 40 group practices in the region, with results stratified by insurance type, race, income, and patient education. Future reports will include additional practices, conditions, selected aspects of hospital care, and “harder” outcomes of broad interest to the community.



Region-wide group practice performance for diabetic patients with commercial insurance, reported by Better Health, Greater Cleveland. Full report at [www.betterhealthcleveland.org](http://www.betterhealthcleveland.org)

### Education, Training, and Mentorship

Center faculty lead, teach, and mentor students in several educational programs throughout the academic medical center, including the undergraduate medical school and graduate training programs in health services and multidisciplinary clinical research (Clinical Research Scholars Program, CTSA KL2 program, M.D.-Ph.D. program in Health Services Research) (Appendix C). Almost half of the faculty's external funding in 2008 is supported by federal grants for research

training. Notable accomplishments include national and local awards won by several of our graduate trainees and a "Best Course" award for a course taught by Center faculty at the annual meeting of the Society for Medical Decision Making.

### **Comment**

About a century ago, architect and city planner Daniel Hudson Burnham said, "Make no little plans. They have no magic to stir men's blood." This report is written at a time of global economic crisis that challenges even the most modest plans. It also comes at a time of national transition, hope, and clear roles for leadership and effective partnerships. In the Center's 2005 retreat, we established ambitious plans for growing our leadership and partnerships in multi-disciplinary research, for developing community-wide health information networks to improve patient care and research, and for intensifying our focus on disadvantaged populations, including the uninsured, the elderly, and those with chronic conditions. In the interval, along with multiple partners throughout the region, we have taken important first steps in each of these areas. There are critical challenges ahead, including growing numbers of disadvantaged in our region that are accompanied by more limited federal, state, and local resources to study and improve their outcomes. Nonetheless, we are pleased to consider ourselves part of a growing network of scholars and civic leaders who are focused on both advancing knowledge and finding solutions to these challenges.

We also are grateful to The MetroHealth System for continued support of Center roles, to scholars throughout the university, and to other partners in the region for their shared commitment to our mission.

Randall D. Cebul, M.D.  
December, 2008