

Inventory for Managed Care- Related Projects: 1998

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The Office of HealthCare Partnerships would like to thank the many individuals throughout CDC's Centers, Institute and Offices who have contributed to this project.

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INTRODUCTION

In 1998, approximately 85% of employees with health coverage were enrolled in some form of managed health care.¹ A growing proportion of Medicaid and Medicare sponsored health care is being provided through managed care. Enrollment levels in the largest managed care plans have now reached 15 to 20 million. The American Association of Health Plans (AAHP) recently announced that under an agreement signed between the National Institutes of Health (NIH) and the AAHP Board of Directors in December 1998, AAHP and its member plans will work with the NIH to design and implement procedures that would increase the participation of health plans and their enrollees in NIH-sponsored clinical trials.²

It is in this climate of change that we present this updated inventory of CDC's managed care-related activities. Our mission is to promote health and quality of life **for all Americans** by preventing and controlling disease, injury and disability. We accomplish this by working with partners throughout the United States and the world; and we continue to enjoy strong and productive ties with our traditional partners in prevention. As an increasing number of our citizens receive their health care through managed care, we have worked to develop new partnerships with the managed care industry to advance the science and practice of health promotion and disease and injury prevention. The managed care-related projects that follow, while an expansion from the 1996 Inventory, are just the beginning of what we expect will be a long and productive collaboration.

This Inventory includes 107 projects funded primarily in Fiscal Years 1996-98, listed in the Table of Contents by Center, Institute or Office (CIO) and organized beginning on page 103 in one **or more** of the following categories:

- < **Research** - 52 projects
- < **Prevention Effectiveness Guidelines** - 13 projects
- < **Medicaid and Managed Care** - 14 projects
- < **Quality** - 20 projects
- < **Partnerships** - 20 projects
- < **Capacity Building** - 13 projects
- < **Case Management** - one project
- < **Surveillance** - seven projects
- < **Information Systems** - 12 projects

This compilation is intended as a reference for parties interested in the growing collaboration between the managed care and public health sectors. Phone numbers of the principal participants are generally included in each project description. A key to acronyms and alphabetized address listings of contacts are included in the appendices. While we have made every effort to be inclusive; we have undoubtedly missed some activities. We will be happy to learn about them or answer any questions. Please contact Kenneth Schachter, MD, MBA; Medical Director, Office of HealthCare Partnerships; Centers for Disease Control and Prevention; 4770 Buford Highway, M/S K73; Atlanta, GA 30341, Phone (770) 488-8186, Fax (770) 488-8462

¹ Kuttner, Robert, The New England Journal of Medicine, January 21, 1999, pp 248-9.

² Reuters Health Information Services, AAHP, NIH form collaboration to increase HMO coverage of clinical trials costs. Ed Winnick. 2/10/99.

Title of Project	<i>Guide to Community Preventive Services</i>
Category	Prevention Effectiveness Guidelines
Objectives and Description	This project is dedicated to the development, implementation and evaluation of the <i>Guide to Community Preventive Services</i> . The <i>Guide</i> will summarize what is known about the effectiveness and cost-effectiveness of population-based interventions for prevention and control, provide recommendations on these interventions and methods for their delivery based on the evidence, and identify a prevention research agenda. The <i>Guide</i> will serve as a companion to the <i>Guide to Clinical Preventive Services</i> . The first edition will be published in the year 2000; and include recommendations for population-based interventions in 15 topic areas.
Outcomes:	
Contractor/Project Manager	The <i>Task Force on Community Preventive Services</i> , an independent non-federal entity, is developing the Guide. CDC is coordinating support for the <i>Task Force</i> .
CDC Project Officer	Mary Moreman (770) 488-8188
CDC Technical Monitor(s)	Stephanie Zaza, MD, MPH (770) 488-8189 Ray (Bud) Nicola, MD (770) 488-2465 Pomeroy Sinnock, PhD (770) 488-2465
Other CIOs/Agencies Involved	SAMHSA, NIH, HRSA, AHCPR.
Annual Extramural Funding	<i>Development</i> \$22,000 annually to review and rate the quality of studies <i>Implementation/Evaluation</i> \$520,000 for the three year period FY 1998 through FY 2000
Funding Mechanism	<i>Development</i> Contract <i>Implementation/Evaluation</i> To be determined
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	Pappaioanou M and Evans C. Development of a Guide to Community Preventive Services: A US Public Health Service Initiative. <i>Journal of Public Health Management and Practice</i> , 1998, 4: 48-54. As sections of the Guide are completed before the year 2000, they will be published in the peer-reviewed literature. Website address: http://web.health.gov/communityguide/

Title of Project	Comparing Chronic Disease Prevention in HMOs and the Insured Population
Category	Research
Objectives and Description	This study will compare the level of utilization of chronic disease preventive services of the HMO population with that of the insured population. Data for the HMO population will be obtained from the Health Plan Employer Data and Information Set (HEDIS 3.0) and for insured respondents from the Behavioral Risk Factor Surveillance System (BRFSS). The study will also examine methodologic issues raised in the comparison of population-based performance measures in the private and public sectors.
Outcomes:	
External Institution/Principal Investigator	NCQA/CDC
CDC Project Officer	Faruque Ahmed, MD, PhD (770) 488-8187 Jeffrey Harris, MD, MPH (770) 488-8188
Other CIOs/Agencies Involved	NCCDPHP
Annual Extramural Funding	
Funding Mechanism	
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	Submitted to the <i>MMWR</i> and <i>Medical Care</i> . Presented at Building Bridges, Prevention 98, Association for Health Services Research Annual Conference.

Title of Project	Oregon's Public Health Medicaid Assessment Initiative
Category	Public Health and Medicaid Partnership, Capacity Building, Information Systems, Quality Assurance
Objectives and Description	<p>This project will facilitate the availability and use of data about the health risks, health status, preventive services and clinical outcomes of Oregonians on Medicaid through a partnership between the Oregon Office of Medical Assistance Program (OMAP), the Oregon Health Division (OHD), and the Office of Oregon Health Plan Policy and Research (OHPPR). Long term goals are:</p> <ol style="list-style-type: none"> 1) Cement an Oregon Public Health/Medicaid/OHPPR Assessment Partnership. 2) Develop an infrastructure and systems for the routine use of Medicaid data for public health and quality improvement activities. 3) Demonstrate the potential use of Medicaid data for improving the delivery of health services to the Medicaid population. 4) Disseminate regular reports about health risks, health status, preventive services, and clinical outcomes of Oregonians on Medicaid to a large and diverse audience. 5) Package and regularly use health data to recommend and support progressive health policy.
Outcomes:	
External Institution/Principal Investigator	Oregon Health Division Jennifer A. Woodward, PhD (503) 731-4124
CDC Project Officer	Raul Romaguera, DMD, MPH (404) 639-0225
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$225,654
Funding Mechanism	Cooperative Agreement with the Oregon Health Division
Project Status	Ongoing
Special Populations	Medicaid population
Published Abstracts/Articles	

Title of Project	Massachusetts Health Assessment Partnership
Category	Public Health and Managed Care Partnership, Information Systems, Capacity Building.
Objectives and Description	The Massachusetts Department of Public Health (MDPH) has established the Massachusetts Health Assessment Partnership (MHAP). MHAP's mission is to develop, implement, and evaluate integrated public and managed care organization (MCO) assessment data systems for monitoring and improving health status and outcomes. To that end, it will develop and disseminate population-based and MCO enrollment-based measurements on a core set of health status and health outcome indicators. The CDC will assist MHAP through a cooperative agreement with the Department of Public Health.
Outcomes:	
External Institution/Principal Investigator	Massachusetts Department of Public Health Daniel Friedman, PhD (617) 624-5613
CDC Project Officer	Raul Romaguera, DMD, MPH (404) 639-0225
Other CIOs/Agencies Involved	
Annual Extramural Funding through 1998:	FY 1998: \$225,420
Funding Mechanism	Cooperative Agreement with the Massachusetts Department of Public Health
Project Status	Ongoing
Special Populations	Managed care plan enrollees
Published Abstracts/Articles	

Title of Project	Minnesota Department of Health: Cooperative Agreement to Support State Health Assessment Initiatives
Category	Public Health, Managed Care and Medicaid Partnership, Information Systems, Capacity Building
Objectives and Description	The Minnesota Commissioner of Health convened the Minnesota Health Improvement Partnership (MHIP), a group with broad public and private representation, to assist the Minnesota Department of Health in setting public health goals for the state. MHIP has further established the Population Health Assessment Workgroup (PHAWG), composed of experts in population health assessment. As a result of these (MHIP and PHAWG) and other collaborative partnerships with the private and public sectors, the Minnesota Department of Health will develop improved measures of the health status of Minnesotans. The CDC will assist through a cooperative agreement.
Outcomes:	
External Institution/Principal Investigator	Minnesota Department of Health John Oswald (612) 623-5187
CDC Project Officer	Raul Romaguera, DMD, MPH (404) 639-0225
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$210,214
Funding Mechanism	Cooperative Agreement with the Minnesota Department of Health
Project Status	Ongoing
Special Populations	Medicaid eligible beneficiaries and managed care plan enrollees
Published Abstracts/Articles	

Title of Project	Bilingual/Bicultural Service Demo Project for Managed Care
Category	Medicaid and Managed Care
Objectives and Description	This project seeks to create consumer advocacy services for LEP Medicaid managed care enrollees, and to increase the cultural/linguistic competence of physicians, mid-level practitioners, and other patient services staff.
Outcomes:	
External Institution and Lead Individual:	Community Health & Social Service Center Ricardo Guzman, MSW, CSW (313) 849-3920
CDC Project Officer	Detroit Urban Research Center Barbara Maciak, PhD (734) -764-5433
Other CIOs/Agencies Involved	DHHS/OMH
Annual Extramural Funding	\$99,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Hispanic & African American Medicaid managed care enrollees
Published Abstracts/Articles	

Title of Project:	Improving, Measuring, and Delivering Preventive Services
Category	Quality Assurance, Partnerships
Objectives and Description	The more widespread adoption of preventive services by the medical community can and will improve the health of the American people. On behalf of CDC and its Centers, Institutes and Offices (CIOs), the Office of HealthCare Partnerships (OHCP) is working in partnership with nationally recognized accrediting organizations to develop effective guidelines for (and measures of) preventive services appropriate for both fee-for-service and managed care settings.
Outcomes:	<p>As technical liaison to the National Committee for Quality Assurance (NCQA) Committee for Performance Measurement (CPM), the OHCP has assisted in the development of prevention measures included in the Health Plan Employer Data and Information Set (HEDIS).</p> <p>As co-chair of the CDC Clinical Performance Measurement Working Group (CPMWG), the OHCP has helped coordinate across CIOs the development of prevention measures proposed for inclusion in HEDIS.</p> <p>As a representative on the Joint Commission of Healthcare Organizations=(JCAHO) Professional and Technical Advisory Committee (PTAC), the OHCP has successfully proposed enhanced performance measurement of preventive services in the new JCAHO Network Accreditation Manual.</p>
CDC Project Officer	Blake Caldwell, MD, MPH (770) 488-8186
Other CIOs/Agencies Involved	All CIOs
Annual Extramural Funding	N/A
Funding Mechanism	N/A
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Developing a Benchmark Preventive Benefits Package						
Category	Prevention Effectiveness Guidelines						
Objectives and Description	<p>This project seeks to increase the delivery of high priority clinical preventive services to all Americans. Considerable scientific evidence exists to indicate which clinical preventive services are effective in preventing disease, injury and premature death. However, many Americans, both insured and uninsured are not yet receiving these services. In part, this shortfall is due to uncertainty on how to translate existing scientific information into recommendations that will help health-care providers, purchasers and policy makers decide which services are most important for their target populations, given costs and other considerations.</p> <p>A Committee on Clinical Preventive Service Priorities, representing health plans, purchasers, consumers and public health officials will review the range of clinical preventive services, using established criteria to recommend their relative priority. Criteria will include issues such as burden of disease addressed by the services, strength of evidence on effectiveness of the interventions, feasibility of delivery and cost-effectiveness. Based on these analyses, the Committee will identify high priority lists of clinical preventive services by age group to receive special emphasis in the delivery of care.</p>						
Outcomes:							
Contractor/Project Manager	Alliance of Community Health Plans						
	Michelle Tropper, MPH (732) 220-1388, Ext. 17						
Subcontractor/Principal Investigator	Partnership for Prevention						
	Ashley Coffield (202) 833-0009						
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200						
CDC Technical Monitor(s)	Blake Caldwell, MD, MPH (770) 488-8186						
Other CIOs/Agencies Involved							
Annual Extramural Funding	<table border="0"> <tr> <td>FY 1996:</td> <td>\$237,752</td> </tr> <tr> <td>FY 1997:</td> <td>\$ 53,873</td> </tr> <tr> <td>FY 1998:</td> <td>\$169,017</td> </tr> </table>	FY 1996:	\$237,752	FY 1997:	\$ 53,873	FY 1998:	\$169,017
FY 1996:	\$237,752						
FY 1997:	\$ 53,873						
FY 1998:	\$169,017						
Funding Mechanism	Contract						
Project Status	Ongoing						
Special Populations							
Published Abstracts/Articles							

Title of Project	Linking People Investments to Corporate Growth: Health and Human Resource Management in the 21st Century
Category	Partnerships and Capacity Building
Objectives and Description	The objectives of this project are to: (1) Introduce and receive feedback on a new framework for corporate health management; (2) examine innovative business strategies and practices within the new framework; (3) stimulate new employer, health system, and community-based initiatives; and (4) stimulate dialogue among stakeholder groups.
Outcomes:	The conference was held June 11-12, 1998; over 154 attendees representing 97 different organizations participated. Stakeholder groups represented included employers, health-care organizations, health-care providers, public health officials, consultants, and labor. Attendees were introduced to an evolving model that addresses employee health and investments in employee health as factors in business productivity. A continuing focus is developing data metrics for measuring employee health.
External Institution/Principal Investigator	Washington Business Group on Health (WBGH) Veronica Goff (202) 408-9320
CDC Project Officer	Priscilla B. Holman, MEd (770) 488-8188
Other CIOs/Agencies Involved	The Medstat Group Merck & Company, Inc. Novartis Corporation Schering-Plough Corporation William M. Mercer, Inc..
Annual Extramural Funding	FY 1997: \$10,000
Funding Mechanism	CDC Conference Support Grant to WBGH
Project Status	Completed
Special Populations	Large Corporations, Health Benefits Purchasers
Published Abstracts/Articles	Final background paper is available from the Washington Business Group on Health, 777 North Capitol Street, N.E., Suite 800, Washington, DC 20002

Title of Project	Prevention in Managed Care: Joining Forces for Value and Quality
Category	Partnerships and Capacity Building
Objectives and Description	The objectives of this project are to: (1) strengthen the public's health in the context of managed care; (2) highlight prevention programs and partnerships in managed care; (3) increase support for prevention; and (4) foster partnerships for prevention.
Outcomes:	The conference was held January 15-16, 1997, with over 650 attendees representing plans and providers, purchasers, accreditation organizations, foundations, State and local public health agencies, State Medicaid agencies, HHS Regional Offices, and other US Public Health Service Agencies. The conference stimulated the development of numerous working partnerships among the 9 sponsoring organizations, particularly in health services research and in database development. In April 1998, Blue Cross Blue Shield of New Hampshire (with a grant from the NH Department of Health and Human Services held a statewide partnership conference) modeled after this national conference.
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Sponsors:	<i>American Association of Health Plans</i> Liza Greenberg, Barbara Lardy <i>American Public Welfare Association</i> Lee Partridge <i>Association of State and Territorial Health Officials</i> Jacalyn Bryan <i>Health Care Financing Administration</i> Sheila Gavin <i>Kaiser Family Foundation</i> Suzanne Delbanco. <i>National Association of County and City Health Officials</i> Grace Gorenflo <i>National Business Coalition on Health</i> Catherine Kunkle
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Priscilla B. Holman, MEd (770) 488-8188
Other CIOs/Agencies Involved	All CDC CIOs
Annual Extramural Funding	\$80,000 Kaiser Family Foundation; \$4,000 American Association of Health Plans; \$25,802 CDC.
Funding Mechanism	Contract
Project Status	Completed
Published Abstracts/Articles	Proceedings: Prevention in Managed Care: Joining Forces for Value and Quality. American Journal of Preventive Medicine, 14 (3):1-124, April 1998.
Title of Project	Corporate Interest and Program Assessments for STDs,

Diabetes, and Adult Immunization

Category	Capacity Building, Partnerships
Objectives and Description	This project will: (1) evaluate corporate interest in STDs, diabetes prevention and management, and adult immunization, (2) identify current corporate strategies and practices relating to these three areas, and (3) make recommendations on how CDC can collaborate with corporate America in the development of cost-effective prevention programs in these three areas.
Outcomes:	
External Institution/ Principal Investigator:	Barrington & Chappell Suzanne Mercure (703) 845-7712
CDC Project Officer	Priscilla B. Holman (770) 488-8188
CDC Technical Monitor(s)	Priscilla B. Holman (770) 488-8188
Other CIOs/Agencies Involved	NCHSTP/DSTDP, NCCDPHP/DDT, NIP
Annual Extramural Funding	FY 1998: \$10,000 provided by NCHSTP/DSTDP
Funding Mechanism	Purchase Order
Project Status	Ongoing
Special Populations	Corporations, Health Benefits Purchasers
Published Abstracts/Articles	

Title of Project	Building Public Health Principles into Managed Care: Model Purchasing Specifications
Category	Medicaid and Managed Care
Objectives and Description	<p>Phase 1 CDC's Centers, Institutes and Offices will work with the George Washington University (GWU) Center for Health Policy Research to develop model contract language to assure that effective prevention practices are included in managed care systems, especially those with which State Medicaid Agencies contract. Specifications will address major elements of managed care contracts including benefits and service duties, network specifications, accessibility of services, and quality assurance.</p> <p>Phase 2 CDC will work with the GWU Center for Health Policy Research to disseminate the specifications, educate key constituencies regarding their use, provide technical assistance upon request, and increase public awareness.</p>
External Institution/Principal Investigator	George Washington University Medical Center Center for Health Policy Research Phase 1 Sara Rosenbaum, JD (202) 530-2343 Phase 2 Jeffrey Levi, MA (202) 296-6922
CDC Project Officer	Paul Stange, MPH (770) 488-8186
Other CIOs/Agencies Involved	NCCDPHP Barbara Gooch, DMD, MPH (770) 488-6068 / Oral Health Sabrina Harper, MS (770) 488-5004 / Diabetes Lisa Koonin (770) 488-5188 / Reproductive Health John Santelli, MD (770) 488-3258 / Adolescent & School Hlth NCHSTP Janelle Dixon (404) 639-8344 / Sexually Transmitted Disease Bess Miller, MD (404) 639-8120 / Tuberculosis Kathy Rauch (404) 639-4675 / HIV/AIDS NIP Edward Brink, MD (404) 639-8822 / Immunization Rafael Harpaz, MD (404) 639-8224 / Immunization Laurie A. Johnson (404) 639-8821 / Immunization NCEH Nancy Tips (770) 488-7277 / Lead
Annual Extramural Funding	Phase 1 FY 1996: \$376,000 FY 1997: \$500,000 Phase 2 FY 1998: \$565,000
Funding Mechanism	ATPM Cooperative Agreement
Project Status	Ongoing
Special Populations	Medicaid managed care enrollees

Title of Project:	Impact of Managed Care on the Quality of TB Laboratory Services and Reporting
Category	Research
Objectives and Description	While CDC recommends that laboratories use the new, rapid technologies for M. tuberculosis smear, culture, and drug susceptibility testing; older, slower technologies remain in wide use. Currently, there is little information on how the rapid growth of the managed care sector is likely to affect the adoption of CDC's TB testing recommendations. This study seeks to: (1) determine the proportion of culture-confirmed TB patients whose testing is paid for via contracts with managed care organizations; (2) assess the extent to which Medicaid and private managed care contracts address CDC recommendations for TB testing; and (3) determine the impact of managed care on both the quality of TB testing and the reporting of test results.
Outcomes:	An advisory panel meeting was convened in 1998 to provide the principal investigator with information and guidance on study design. Based on the meeting input, the study design was revised to reflect the difficulties of retrieving information from the types of managed care organizations which may provide care for TB patients. The principal investigator is in the process of collecting laboratory data and managed care status information on 300 TB patients from four California counties. Fifty of 54 laboratories providing testing for these patients have agreed to participate in this study.
External Institution/Principal Investigator	<i>Association of Public Health Laboratories (APHL)</i> Scott Becker (202) 822-5227 <i>California Department of Health Services</i> David Chin, MD, MPH (510) 540-2973
CDC Project Officer	John C. Ridderhof (770) 488-8076
Other CIOs/Agencies Involved	NCHSTP/DTBE
Annual Extramural Funding through 1998:	FY 1997: \$200,000
Funding Mechanism:	Cooperative Agreement with APHL
Project Status	Ongoing
Special Populations	Individuals covered by Medicaid managed care
Published Abstracts/Articles	

Title of Project	TennCare Study
Category	Medicaid and Managed Care
Objectives and Description	This project is evaluating how TennCare, Tennessee's Medicaid managed care program, has affected Tennessee's public health agencies and their ability to provide services.
Outcomes:	This study examines public health practice adaptations in Tennessee as a result of the introduction of capitated Medicaid managed care (TennCare). It offers strategic insights and guidance to public health practitioners in other states making the transition to Medicaid managed care. Strategies addressed include: (1) integrating public health functions and services with managed care operations; (2) restructuring public health operations based on both the opportunities and the requirements of managed care health systems; and (3) preparing public health professionals for a new practice environment.
External Institution:	Tennessee Department of Health
CDC Project Officer/Principal Investigator:	Michael Hatcher (770) 488-2530
Other CIOs/Agencies Involved	
Annual Extramural Funding through 1998:	N/A
Funding Mechanism	N/A
Project Status	Completed / Report in development
Special Populations	Tennessee Medicaid population
Published Abstracts/Articles	Are Public Health Roles Changing in the Medicaid Managed Care Environment, presented at the 1998 American Public Health Association Conference

Title of Project	Development of an Effective Community Report Card
Category	Quality Assurance
Objectives and Description	This project seeks to increase the effectiveness of community health improvement efforts by enhancing the development and use of community report cards. Project objectives are to: (1) identify the best community report cards and their common characteristics, (2) develop a case study protocol for communities with high ranking community report cards, and (3) pilot test the protocol.
Outcomes:	As a result of this project, a National Directory of Community Report Cards and Technical Assistance Manual was produced for communities looking for guidance developing effective community report cards.
External Institution/Principal Investigator	UCLA School of Public Health Jonathan Fielding, MD, MPH (310) 206-1141
CDC Project Officer	Pomeroy Sinnock, PhD (770-488-2469)
Other CIOs/Agencies Involved	None
Annual Extramural Funding through 1998:	
Funding Mechanism	N/A
Project Status	Completed
Special Populations	None
Published Abstracts/Articles	Characteristics of Community Report Cards - United States, 1996. MMWR Vol. 46 (No. 28) p 647, July 18, 1997.

Title of Project	Urban Health Systems Sentinel Network
Category	Medicaid and Managed Care
Objectives and Description	This project will establish and test a model urban health systems sentinel network/study protocol to evaluate the impact of health system restructuring on the delivery of essential public health services.
Outcomes:	Case studies were developed describing how Boston, Detroit, Columbus (OH), Los Angeles, Oakland, Birmingham, and San Antonio health departments adapted to health system restructuring. A model urban health systems sentinel network/study protocol was developed and data collected from six urban centers. A final report has been prepared
Contractor/Project Manager	MACRO International Tom Chapel, PhD (404) 321-3211
CDC Project Officer	Pomeroy Sinnock, PhD (770) 488-4469
Other CIOs/Agencies Involved	EPO, NCIPC, NCCDPHP, NIP, NCID, ATSDR
Annual Extramural Funding through 1998:	FY 1998 : \$299,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Medicaid, uninsured and underinsured
Published Abstracts/Articles	

Title of Project	A Computer-Based System for Evaluating Preventive Health Interventions
Category	Public-Private Partnerships
Objectives and Description	<p>This project supports the development of PC-based simulation software for preventive health strategic planning. The software is being designed to make the implications of the latest clinical, public health, administrative, fiscal and community research and policy findings readily accessible to planners and decision-makers. Public health, managed care, and community organizations will be able to use it to simulate the health effects, costs and benefits of various, preventive interventions on selected diseases.</p> <p>The current prototype uses Diabetes mellitus Type II as the disease-vehicle. Future versions are envisioned for cancer, heart disease, stroke, hypertension, sexually transmitted diseases, etc. Users will be able to customize resident data sets (e.g., health-care costs, utilization rates, intervention delivery costs, etc.) to reflect local demographics, as well as project the costs and benefits of health education, case management, health risk assessment and other interventions. The software will alert users to potential political, social and policy issues that may affect program implementation or feasibility.</p>
Outcomes:	Benefits include: 1) enhancing preventive service advocacy, planning and evaluation; 2) providing guidance for program implementation; 3) facilitating comparison of programs; 4) teaching clinicians and epidemiologists about administrative, fiscal and community issues; 5) teaching administrators, fiscal officers and policymakers about clinical and epidemiological issues 6) providing support for better-substantiated justifications for preventive intervention budget requests
Contractor/Project Manager	Engineering Management & Economics, Inc. Robert Polster, DSc, Program Manager (301) 738-1045
CDC Project Officer	David E. Adcock, MBA (770) 288-2492
Other CIOs/Agencies Involved	National Library of Medicine, Rollins School of Public Health at Emory University, Central Virginia Health Planning Agency, National Association of Local Boards of Health, Chartered Health Plan, Inc., Virginia Hospital & Healthcare Association, West Virginia Medical Institute
Annual Extramural Funding through 1998:	FY 1996: \$98,751; FY 1997: \$325,969; FY 1998: \$325,969
Funding Mechanism	Small Business Innovation Research (SBIR)
Project Status	Completion of SBIR Phase II by April 30, 1999
Special Populations	The modeled population can be adjusted to match the community under study.
Published Abstracts/Articles	Presentations: Society for Prospective Medicine 10/27/98, American Public Health Association 11/18/98, Prevention 99 3/19/99. Centers for Disease Control & Prevention 5/7/99.

Title of Project	Assessment of Hormone Replacement Therapy Counseling and Colorectal Cancer Screening among Older Women
Category	Research/Dissemination
Objectives and Description	This project includes a series of activities supporting the Prevention Center Special Interest Project, Encouraging Prevention in Older Women (EnPOWER) , conducted at Group Health Cooperative of Puget Sound. Previous project activities include a validity study of colorectal cancer screening methods and development of the EnPOWER intervention materials designed to guide women through informed decision-making about hormone replacement therapy. Major tasks include revising the EnPOWER workbook materials based on lessons learned from a six-month intervention trial. The process will include seeking input from prevention/guideline committees in managed care organizations, the public health community, and women's groups.
Outcomes:	
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	Group Health Cooperative of Puget Sound Andrea LaCroix, PhD (206) 287-2868 Katherine Newton, PhD (206) 287-2973
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Suzanne Smith, MD, MPH (770) 488-5464 Lynda Anderson, PhD (404) 639-8175
Other CIOs/Agencies Involved	CDC Office of Women's Health and Office of HealthCare Partnerships
Annual Extramural Funding	FY 1996: \$100,000 FY 1997: \$ 60,006 FY 1998: \$ 99,998 FY 1999: \$150,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Women

Title of Project	Feasibility Study for a Case-Control Study of Prostate Cancer Screening and Mortality
Category	Research
Objectives and Description	This project will assess the feasibility of conducting a case-control study in a managed care setting to compare the frequency of prostatic-specific antigen (PSA) and digital rectal examination screening (DRE) among men who died of prostate cancer and controls who did not; to determine if PSA and DRE screening improves prostate cancer mortality. It has two phases. In Phase I, the contractor will develop a medical record review form, determine sample size with adequate power, conduct a policy review and prepare the Institutional Review Board (IRB) package. In Phase II, the contractor will conduct a pilot study and refine the medical record review form.
Outcomes:	The data collection instrument has been finalized and field tested. Data from the pilot study is currently being analyzed.
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	<i>Kaiser Permanente Northwest</i> Sheila Weinmann (503) 249-3328 <i>Kaiser Permanente Northern California</i> Stephen VanDen Eeden (510) 450-2202 <i>Kaiser Permanente Southern California</i> Shelley Enger, PhD (626) 564-3201 <i>Henry Ford Health System</i> Angela Blount (313) 874-6232
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Jean Shapiro, PhD (770) 488-3010
Other CIOs/Agencies Involved	
Annual Extramural Funding :	FY 1999: \$350,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	African American men
Published Abstracts/Articles	None

Title of Project	Development and Evaluation of Performance Measures for Dental Practice												
Category	Quality Assurance												
Objectives and Description	The Agency for Health Care Policy and Research (AHCPR) has funded the development, implementation and evaluation of a set of outcomes-based, dental performance measures in two large, managed care dental plans. However, the administrative data sets used in most dental clinics typically do not contain all of the elements necessary to track these measures. The two elements most likely to be missing are the diagnostic codes (or the reasons for treatment) and the formal risk assessment. This project will test the use of a surrogate set of measures, based upon more readily available data, in several public health settings.												
Outcomes:													
External Institution/Principal Investigator	University of North Carolina at Chapel Hill Sheps Center for Health Services Research James D. Bader, DDS, MPH (919) 966-5727												
CDC Project Officer	Barbara Gooch, DMD, MPH (770) 488-6068												
Other CIOs/Agencies Involved	AHCPR												
Annual Extramural Funding	<table border="0"> <tr> <td>FY 1996:</td> <td>\$156,551</td> <td>(AHCPR)</td> </tr> <tr> <td>FY 1997:</td> <td>\$ 50,000</td> <td>(CDC)</td> </tr> <tr> <td></td> <td>\$205,414</td> <td>(AHCPR)</td> </tr> <tr> <td>FY 1998:</td> <td>\$275,416</td> <td>(AHCPR)</td> </tr> </table>	FY 1996:	\$156,551	(AHCPR)	FY 1997:	\$ 50,000	(CDC)		\$205,414	(AHCPR)	FY 1998:	\$275,416	(AHCPR)
FY 1996:	\$156,551	(AHCPR)											
FY 1997:	\$ 50,000	(CDC)											
	\$205,414	(AHCPR)											
FY 1998:	\$275,416	(AHCPR)											
Funding Mechanism	Memorandum of Agreement with AHCPR												
Project Status	Ongoing												
Special Populations	None												
Published Abstracts/Articles	<p>Bader J, White A, Olson O, Senft G, Shugars D. Clinician Reliability in Classifying Disease Risk and Reasons for Treatment. J Dent Res 1999;78(IADR Abstracts):68. Abstract (No. 501).</p> <p>Bader J, Shugars D. Development of a Prototype Report Card for Managed Dental Care Plans. J Dent Res 1998;77(IADR Abstracts):652. Abstract (No. 165).</p>												

Title of Project	Cause of Death Among Men With Prostate Cancer
Category	Applied Research
Objectives and Description	This project will investigate factors associated with cause of death among men previously diagnosed with primary prostate cancer. It is designed to identify clinical and demographic factors which are independently associated with death from prostate cancer. Additionally, a set of clinical factors will be identified which best predict death from prostate cancer.
Outcomes:	
External Institution/Principal Investigator	Prevention Research Center, University of California Kaiser Permanente, Oakland, CA William Satariano (510) 642-6641
CDC Project Officer	Irene Hall, PhD (770) 488-3001
Other CIOs/Agencies Involved	None
Annual Extramural Funding	FY 1995: \$99,856
Funding Mechanism	Cooperative Agreement
Project Status	Completed
Special Populations	
Published Abstracts/Articles	<i>Cause of Death in Men Diagnosed with Prostate Cancer</i> (in press)

Title of Project	Comorbidity of and Prostate Cancer Mortality
Category	Applied research
Objectives and Description	This study will investigate factors associated with cause of death among black and white men previously diagnosed with primary prostate cancer. It will determine whether demographic and clinical factors, in particular, co-morbidity, as associated with cause of death (prostate cancer vs. other causes) among black cases and whether such factors differ significantly from those associated with cause of death among white cases.
Outcomes:	
External Institution/Principal Investigator	University of California Prevention Research Center Kaiser Permanente, Oakland, CA William Satanano (510) 642-6641
CDC Project Officer	Irene Hall, PhD (770) 488-3001
Other CIOs/Agencies Involved	None
Annual Extramural Funding	FY 1995: \$154,919 FY 1996: \$252,007
Funding Mechanism	Cooperative Agreement
Project Status	Completed
Special Populations	Kaiser plan members with prostate cancer
Published Abstracts/Articles	

Title of Project	Evaluation of Dental Treatment and Health Status Differences Attributable to Water Fluoridation
Category	Research/Medicaid and Managed Care
Objectives and Description	This project will look for differences in the dental treatment experiences and costs among beneficiaries of a group model dental HMO (Kaiser Permanente Northwest) with and without access to fluoridated community water supplies. Utilizing treatment data from a group model HMO will minimize the potential for bias from differences in the supply of dentists, dental practice styles, and patient care-seeking behaviors (including care-avoidance secondary to financial barriers); and help control for other factors that bias ecological assessments (e.g., length of participation in the dental HMO). This project will update older information, gathered at a time when the prevalence of dental caries was far higher, and the diffusion of fluorides far less than is currently the case. Six years of treatment data (1990-1995), stratified by age and exposure to alternate sources of fluoride (e.g., fluoride supplements and professional fluoride applications) will be evaluated.
Outcomes:	This project compared the total dental costs and frequency of restorative procedures over a six year period, stratified by age and exposure to alternative sources of fluoride, for beneficiaries with and without access to fluoridated water. Overall, a statistically larger proportion of members living in non-fluoridated communities had at least one restorative procedure compared with members from fluoridated communities. The magnitude of that difference was likely reduced by greater use of alternative methods of fluoride delivery (e.g., school mouth rinse programs and supplemental fluoride treatments) in non-fluoridated communities.
Contractor/Project Manager	<i>Alliance of Community Health Plans</i> Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	<i>Kaiser Permanente Northwest</i> B. Alexander White, MS, DDS, DrPH. (503) 335-6765
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Dolores Malvitz (770) 488-6065
Annual Extramural Funding	FY 1996: \$134,400
Funding Mechanism	Contract
Project Status	Completed
Special Populations	Kaiser Permanente Northwest beneficiaries
Published Abstracts/Articles	White, BA Little, SJ, and Martin, JA, Fluoridation and its impact on the use and cost of dental care. <i>J Public Health Dentistry</i> 1999 (in press).

Title of Project	Prostate and Colorectal Cancer Screening Test Utilization in the Managed Care Environment
Category	Research
Objectives and Description	This study will determine the validity of patient recall for prostate and colorectal cancer screening in a managed care environment. Members of three HMOs will be surveyed regarding their most recent prostate and colorectal cancer screening tests, and their medical records abstracted to determine the presence or absence of these same tests (and their indications) within the past 5 years.
Outcomes:	
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	Kaiser Permanente Northern California: Kaiser Permanente Georgia HealthPartners, Minnesota Steve K. VanDen Eeden, RN, PhD (510) 450-2202
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Irene Hall, PhD (770) 488-3001
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$ 93,432
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	African American male HMO beneficiaries
Published Abstracts/Articles	

Title of Project	Feasibility of Linkage of Vital Statistic with Claims Data for Reporting of the HEDIS Low Birth Weight Measure - Massachusetts Experience
Category	Quality Assurance
Objectives and Description	<p>The National Committee for Quality Assurance's (NCQA's) Health Plan-Employer Data and Information Set (HEDIS) is a standardized set of measures of health plan performance designed to evaluate quality of care in a managed care environment. Low birth weight (LBW) is defined as the live birth of an infant weighing less than 2500 grams. A measure of LBW prevalence (or LBW Measure) was added to HEDIS because of this condition's adverse impact on infant morbidity and mortality, and its sensitivity to preventive intervention. However, in 1996, NCQA placed the measure on provisional status, citing problems with the use of administrative (claims-based) data for reporting and a perceived need for risk-adjustment to improve comparability across plans.</p> <p>This project will explore the feasibility of linking claims birth data with vital statistics data for reporting of the HEDIS LBW Measure. Researchers will 1) determine the validity of claims-based birth weights by comparing them to birth records birth weights, 2) extract potential risk adjustors (like race and ethnicity) from birth records, and 3) evaluate the effects of risk adjustment, calculated according to the dictates of HEDIS, on absolute and relative rates of LBW. Claims for 1994 live births in Massachusetts filed with six managed care organizations (all members of the New England HEDIS Coalition) will be used in the study.</p> <p>CDC and RAND (Elizabeth McGlynn and Associates) are test sites for this project and will coordinate their activities.</p>
Outcomes:	Report on results of validity test/risk adjustment will be submitted to the Massachusetts Department of Health and HEDIS Coalition partners.
External Institution/Principal Investigator	<p>NCQA/New England HEDIS Coalition Massachusetts Department of Health</p> <p>Kathy Coltin (617) 731-8287</p>
CDC Project Officer	Gail Janes, PhD (404) 639-4862
Other CIOs/Agencies Involved	
Annual Extramural Funding	In kind
Funding Mechanism	None
Project Status	Ongoing
Special Populations	

Title of Project	Impact of the Diabetes Control and Complications Trial on Diabetes Management
Category	Prevention Effectiveness and Guidelines
Objectives and Description	This project's main objective is to develop a diabetes surveillance system which can be used by managed care organizations (MCOs) to: (1) describe the epidemiology of diabetes, patterns of care, and health outcomes; and (2) assess future changes in patterns of care in response to new guidelines and/or developments in diabetes care.
Outcomes:	Working with Battelle and three MCOs, we demonstrated that the MCO data systems were sufficiently compatible to allow successful surveillance across all three health plans. We then developed a diabetes surveillance system with an extensive set of surveillance indicators and proposed solutions to problems establishing consistent data specifications across MCOs. We used the indicators to describe the prevalence of diabetes, health service utilization, patterns of care, and complications and co-morbidities in the three MCOs.
Contractor/Project Manager	Battelle Centers for Public Health Research and Evaluation Diane Manninen, PhD (206) 528-3140
Subcontractor/Principal Investigator	MCOs: United Health Care Corporation Lovelace Clinic Foundation Group Health Cooperative of Puget Sound
CDC Project Officer	Mary S. Moreman (770) 488-8188
CDC Technical Monitor(s)	Michael Engalgau, MD (770) 488-5024 Linda Geiss (770) 488-5024
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$77,394
Funding Mechanism	Contract
Project Status	Completed
Special Populations	
Published Abstracts/Articles	CDC Diabetes in Managed Care Work Group. Utilization of Services by Diabetes Patients in Managed Care Organizations: Development of a Diabetes Surveillance System. Published abstract for <i>Health Services Research</i> . Paper published in Diabetes Care.

Title of Project	The Prevalence of Health Risk Behaviors among Families Served by an Inner City Clinic in Omaha, Nebraska
Category	Partnerships; Medicaid and Managed Care
Objectives and Description	Working in collaboration with health plans and a physician-hospital organization, we will administer a brief behavioral risk survey, patterned after the survey used by CDC's Behavioral Risk Factor Surveillance System (BRFSS), to evaluate the prevalence of health risk behaviors among families served by an inner-city clinic in Omaha, Nebraska. The results obtained from this survey will be compared to results from the statewide BRFSS and used to plan prevention programs to reduce the risk of diabetes and other chronic conditions in this population.
Outcomes:	
External Institution/Principal Investigator	
CDC Project Officer	Robert D. Brewer, MD, MSPH (402) 471-0565
Other CIOs/Agencies Involved	NCCDPHP
Annual Extramural Funding	\$5,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Medicaid clients and Medicaid managed care enrollees
Published Abstracts/Articles	

Title of Project	Enhancing the Delivery of Clinical Preventive Services in Managed Care
Category	Research
Objectives and Description	<p>There is considerable evidence that the distribution of published preventive service guidelines does not, by itself, increase provider utilization/provision of clinical preventive services; and growing interest in developing and evaluating strategies that will.</p> <p>The objectives of this project are to: 1) develop a protocol for conducting and interpreting research syntheses (meta-analyses) that assess the effectiveness of strategies to increase the adoption of preventive service guidelines in clinical settings; and 2) test the feasibility of the protocol and database structure by applying it to an example topic (e.g., hypertension management). Findings, based on meta-analytic reviews of the pertinent literature, will be disseminated to key individuals and groups in the public and managed care sectors concerned with strategies for putting prevention into clinical practice. It is anticipated that this project will form the foundation for the development of guidelines for designing and reporting on behavioral intervention research.</p>
Contractor/Project manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	Johns Hopkins School of Hygiene & Public Health Robert Lawrence, MD (410) 614-4590 Gail Daumit, MD
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Lynda Anderson (404) 639-8175 Gail Janes (404) 639-4862
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1996: \$100,000 FY 1997: \$ 50,000
Funding Mechanism	
Project Status	Manuscripts in progress
Special Populations	

Title of Project	Assessment of Using the Behavioral Risk Factor Surveillance System for Risk Assessment of HEDIS Measures
Category	Research
Objectives and Description	<p>In the face of the rapid expansion of the managed care segment of the US health-care sector, consortia of purchasers, providers and health plans have come together to develop standardized measures of health plan performance. These include the National Commission for Quality Assurance's (NCQA's) Health Plan Employer Data and Information Set (HEDIS) and the Joint Commission for Accreditation of Health Care Organizations' (JCAHO's) ORYX Initiative. Many employers are requiring health plans to participate in one of these programs as a prerequisite to bidding on employee health-care contracts.</p> <p>The goal of these measures is to inform the health plan choices of individual consumers and public and private purchasers by making valid plan performance information available in an understandable and useful format. However, health plans in any given local market typically do not compete on a level playing field. Systematic selection of particular health plans by certain groups (e.g., younger adults or older adults) can give rise to differences in the underlying health risks of enrollees from one plan to the next. Therefore, observed plan performance scores should be adjusted to remove the effects of any resultant advantage (Afavorable selection@) or disadvantage (Aadverse selection@). This is known as Arisk adjustment@.</p> <p>This study will: 1) determine the feasibility of using aggregated data of personal risk behaviors collected by the Behavioral Risk Factor Surveillance System (BRFSS) to risk adjust HEDIS data; 2) describe practical and cost-effective methodologies for the collection and aggregation of BRFSS data for risk adjustment, including required sample sizes and likely relationships of risk factors on performance measures.</p>
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	Kaiser Permanente Center for Health Research Group Health Cooperative-Puget Sound Health Partners Mark C. Hornbrook, PhD (503) 335-2400
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Gail R. Janes, PhD(404) 639-4862
Annual Extramural Funding	FY 1997: \$98,150
Funding Mechanism	Contract
Project Status	Ongoing

Title of Project	Development of a Data Base to Examine Medical Care and Costs for Women with Endometriosis or Uterine Leiomyoma in a Managed Care Setting
Category	Prevention Effectiveness
Objectives and Description	This study will describe current identification, treatment, and medical costs of endometriosis and uterine myoma in selected managed care settings, based on actual records of utilization of services in a sample of women from the population of interest. Beginning with January 1993 data, existing automated data files in health maintenance organizations will be used to identify a cohort of women with uterine myoma (fibroid tumors) or endometriosis. A sample of those files will be used to develop a database containing (1) patient demographic and enrollment data; (2) provider utilization data covering all Plan physician services as well as services from other non-institutional health-care providers; and (3) prescription pharmaceutical utilization data. While the topic of main interest is endometriosis and uterine leiomyoma, all utilization records for the selected patients will be included in the database regardless of the diagnosis recorded (for inpatient and ambulatory records) or the clinical objective of any prescription (where diagnoses are not typically recorded).
Outcomes:	
Contractor/Project Manager	Battelle Centers for Public Health Research and Evaluation George Provenzario, PhD (703) 875-2946
CDC Project Officer	Mary S. Moreman (770) 488-8188
CDC Technical Monitor(s)	Robert Merritt (770) 488-5227
Other CIOs/Agencies Involved	EPO
Annual Extramural Funding through 1998:	FY 1996: \$141,650
Funding Mechanism	Contract
Project Status	Completed
Special Populations	Reproductive-aged women
Published Abstracts/Articles	None

Title of Project	Oral Health Module Special BRFSS
Category	Research
Objectives and Description	This project will use a modified Behavioral Risk Factor Surveillance System (BRFSS) survey to describe tooth loss and use of oral health services reported by about 1,000 low income/minority adults in each of two states - Colorado and New York. Findings from this modified BRFSS, which includes a special module with five oral health questions, will be compared with results from the ongoing BRFSS survey among adults representative of each state's population. Differences in dental visits, use of preventive services and the prevalence of tooth loss will be examined.
Outcomes:	
External Institution/Principal Investigator	Colorado / New York BRFSS Coordinators
CDC Project Officer	Betsy Thompson, MD, MPH (770) 488-8187
CDC Technical Monitor(s)	Scott Tomar, DMD, DrPH (770) 488-6092
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$35,000
Funding Mechanism	Memorandum of Agreement
Project Status	Ongoing
Special Populations	Low income/minority adults
Published Abstracts/Articles	

Title of Project	Diabetes Translational Research Data Coordinating Center
Category	Research
Objectives and Description	The contractor for this project will provide multi-center coordination and technical assistance to the Diabetes Translational Research Centers in the establishment, analysis, and reporting of a collaborative program of applied, population-based, diabetes research.
Outcomes:	
Contractor/Principal Investigator:	Klemm Analysis Group, Inc. Rebecca Klemm, PhD (202) 667-5244
CDC Project Officers:	Venkat Narayan, MD (770) 488-1051 Bernice A. Moore, MBA (770) 488-1257
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$662,779
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Women, racial and ethnic minority populations, and at least 5,000 people with diabetes receiving care in managed-care settings.
Published Abstracts/Articles	

Title of Project	Translational Research Centers for Diabetes Control Within Managed Care Settings
Category	Research
Objectives and Description	<p>This project will initiate a multicenter, collaborative program of applied population-based, diabetes research and develop a knowledge base through published research in scientific literature and handbooks for professional associations to improve the process, delivery, and outcomes of diabetes services in managed care settings. The knowledge base will include methods for interventions and assessments of their effectiveness, cost-effectiveness, generalizability, feasibility and sustainability; and will address a variety of activities across the range of diabetes interventions (e.g., diabetes screening and diagnosis, treatment approaches, glycemic control, CVD risk reduction and screening for diabetes complications).</p> <p>This project should help improve the availability, accessibility, quality of process, effectiveness, cost-effectiveness and health outcomes of diabetes-related services in managed care settings.</p>
Outcomes:	
External Institution/Principal Investigator	<p><i>Indiana University Translational Research Center</i> David Marrero, PhD (317) 278-0907</p> <p><i>Kaiser Foundation Research Institute</i> Joe V. Selby, MD, MPH (510) 450-2106</p> <p><i>Pacific Health Research Institute</i> J. David Curb, MD, MPH (808) 524-4411</p> <p><i>University of California</i> Carol M. Mangione, MD (310) 794-7280</p> <p><i>The Regents of the University of Michigan</i> William H. Herman, MD (734) 936-8297</p> <p><i>University of Medicine & Dentistry of New Jersey</i> <i>Robert Wood Johnson Medical School</i> David S Kountz, MD (732) 235-6383</p>
CDC Project Officer	Bernice A. Moore, MBA (770) 488-1257
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1999: \$1,716,985
Funding Mechanism	Cooperative Agreements
Project Status	Ongoing
Special Populations	Women, racial and ethnic minority populations, and at least 5,000 people with diabetes receiving care in managed care settings.

Title of Project	Assessment of Managed Care Environment for Health Services Research Related to Preventive-Care Practices among People with Diabetes
Category	Research
Objectives and Description	The contractor(s) will develop a written report for submission to a peer-reviewed journal describing current status and research needs related to diabetes care in managed care as assessed by a CDC-convened expert panel. This report will describe the (1) current status of diabetes care in managed care settings, (2) current strengths and barriers to conducting high quality epidemiologic and health services research in managed care settings and (3) future research needs related to diabetes care in managed care settings.
Outcomes:	
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	
CDC Project Officer	
CDC Technical Monitor(s)	Venkat Narayan MD (770) 488-1051 Edward W. Gregg PhD (770) 488-1273
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$35,000
Funding Mechanism	Contract
Project Status	First draft completed and submitted to journal.
Special Populations	None
Published Abstracts/Articles	

Title of Project:	Division of Diabetes Translation Managed Care Seminar Series
Category	Capacity Building in Public Health Agencies
Objectives and Description	This lecture series, which began in June 1997, will continue to offer informative presentations and discussions on diabetes and managed care issues.
Outcomes:	To date, this lecture series has provided valuable training for Division of Diabetes Translation (DDT) staff, promoted understanding of the goals shared by DDT and the managed care community, and facilitated collaboration.
External Institution/Principal Investigator	Various organizations and individuals
CDC Project Officer	Sabrina M. Harper, MS (770) 488-5004
Other CIOs/Agencies Involved	Various Centers, Institutes and Offices (CIOs)
Annual Extramural Funding	
Funding Mechanism	None
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project:	National Diabetes Education Program Business and Managed Care Ad Hoc Group
Category	Partnership, Quality Assurance
Objectives and Description	This group is developing publications and products that will promote diabetes awareness and interventions aimed at reducing the risk for diabetic complications and controlling health-care costs at work-sites and managed care organizations
Outcomes:	
External Institution/Principal Investigator	Mutual of Omaha Marcus Wilson, MD (402) 351-8621
	General Motors Timothy McDonald (313) 556-9553
CDC Project Officer	Faye L. Wong, MPH, RD (770) 488-5037
Other CIOs/Agencies Involved	National Institutes of Health
Annual Extramural Funding	
Funding Mechanism	
Project Status	Ongoing
Special Populations	Health plan providers and individuals in employer-sponsored health plans
Published Abstracts/Articles	

Title of Project	Innovative Practices in Diabetes Care
Category	Medicaid and Managed Care, Partnerships, Quality Assurance, Capacity Building and Case Management
Objectives and Description	State Diabetes Control Programs (DCPs) assist states in many activities including: convening stakeholders; providing resources; and collaborating with state Medicaid programs, health maintenance organizations (HMOs), and providers. They also provide resources and training as needed. Using a sample of six programs, this study describes some of the innovative practices adopted by (DCPs) to enhance the health and well being of people with diabetes across the United States.
Outcomes:	The study report discusses, illustrates, and categorizes key innovations, measures of success, barriers to success, and lessons learned.
Contractor/Project Manager	Birch and Davis Associates State Diabetes Control Programs and their organizational partners in California, Maryland, Minnesota, New York, Texas, and South Carolina
Subcontractor/Principal Investigator	Mary Clark (301) 589-6760
CDC Project Officer	Lois Voelker, MBA (770) 488-5405
CDC Technical Monitor(s)	Lois Voelker, MBA (770) 488-5405
Other CIOs/Agencies Involved	
Annual Extramural:	FY 1997: \$235,000
Funding Mechanism	Contract
Project Status	Completed
Special Populations	All minority groups
Published Abstracts/Articles	A Report: Innovative Practices in Diabetes Care [@]

Title of Project	Flu Campaign Initiative Targeting Persons with Diabetes
Category	Quality Assurance, Capacity Building, Partnerships
Objectives and Description	<p>This project, a collaboration between the Division of Diabetes Translations (DDT) and National Immunization Program (NIP) aims to reduce both the risk of influenza infection and the risk of dying from complications of influenza infection among persons with diabetes. It features a focused public education campaign to (1) increase awareness of influenza vaccination among persons with diabetes aged 25 to 55 years and (2) educate persons with diabetes and their providers about the importance of annual influenza vaccination.</p> <p>In concert with the public education campaign, State Diabetes Control Programs (DCPs) are implementing interventions to increase the number of persons with diabetes who receive influenza vaccination. These interventions demonstrate how to integrate high influenza immunization rates into the standard-of-care for persons with diabetes in managed care organizations, public health clinics, Federally Qualified Health Centers, and other public and private health systems.</p> <p>At the conclusion of the campaign, DCPs and their partners will collect and analyze the data for evidence of increased in vaccination levels among persons with diabetes. The impact of the national media campaign will be assessed by tracking news coverage, the number/placement of public service announcements and influenza-based stories, and by the quantity of brochures and posters distributed.</p> <p>Planning is underway for the 2000 Flu Campaign.</p>
Outcomes:	Outcomes are still being assessed.
Contractor/Project Manager	<i>Prospect and Associates</i> Lynn Sokler (770) 216-9595
CDC Project Officer	Niki Keiser (404) 639-7280
CDC Technical Monitor(s)	Wendy Holmes (770) 488-5842 Lois Voelker, MBA (770) 488-5405
Other CIOs/Agencies Involved	National Immunization Program (NIP)
Annual Extramural Funding	\$365,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	African American and Hispanic persons with diabetes aged 25 to 55
Published Abstracts/Articles	Two media awards for creativity have been received.

Title of Project	Establishment of a Diabetes Registry in a Health Maintenance Organization (HMO)
Category	Quality Assurance, Partnerships
Objectives & Description:	The objective of this project is to develop a model, internal, diabetes registry in an HMO setting which can be used to implement initiatives to improve patient care.
Outcomes:	The study HMO has established an internal diabetes registry and plans to refine it over time. Collected data are being used to identify areas for improvement in diabetes care.
External Institution/Principal Investigator	Group Health Cooperative of South Central Wisconsin Michael Ostrov, MD (608) 251-4156
CDC Project Officer	Sabrina M. Harper, MS (770) 488-5004
Other CIOs/Agencies Involved	
Annual Extramural Funding	Technical assistance only from the Wisconsin Diabetes Control Program through a cooperative agreement with Centers for Disease Control & Prevention
Funding Mechanism	
Project Status	Ongoing
Special Populations	Health maintenance organization (HMO) beneficiaries with diabetes
Published Abstracts/Articles	

Title of Project:	Development of Diabetes Guidelines for Health Maintenance Organizations (HMOs), Other Health Systems, and Providers in Wisconsin
Category	Prevention Effectiveness Guidelines, Partnerships, Quality Assurance
Objectives & Description:	For this project, a collaborative group of stakeholders will be assembled to develop (and later participate in the statewide implementation of) diabetes mellitus care guidelines with the goal of improving diabetes health outcomes in Wisconsin. Expected deliverables include the guidelines, supporting documents, references, sample flow sheets, surveillance and quality improvement tools, as well as a wallet-sized version of the guidelines which will be used to promote patient self-care.
Outcomes:	The guidelines (including a wallet-sized version), supporting documents, references, sample flow sheets, and surveillance and quality improvement tools are completed. Most Wisconsin HMOs have adopted them and are beginning implementation. Many individual clinics and health-care providers are also using them.
External Institution/Principal Investigator	Joseph Blustein, MD (608) 274-1940 Mary Bruskevitz, RN, CS, MS, CDE (608) 263-2657
CDC Project Officer	Sabrina M. Harper, MS (770) 488-5004
Other CIOs/Agencies Involved	
Annual Extramural Funding	Technical assistance only from the Wisconsin Diabetes Control Program through a cooperative agreement with Centers for Disease Control & Prevention
Funding Mechanism	
Project Status	Completed
Special Populations	Wisconsin residents with diabetes and their providers, clinics, and health systems.
Published Abstracts/Articles	Guidelines were printed in January 1998

Title of Project	Implementation of the Essential Diabetes Mellitus Care Guidelines® in Wisconsin - Development of a Consensus Approach to Implementation
Category	Prevention Effectiveness Guidelines, Quality Assurance, Partnerships
Objectives & Description:	For this project, a forum of key stakeholders will be assembled to (1) examine the current status of diabetes guidelines implementation, (2) address critical issues and barriers to implementation, and (3) appoint a workgroup which will develop implementation strategies and guidelines-based quality improvement projects.
Outcomes:	
Contractor/Project Manager	To be determined
Subcontractor/Principal Investigator	
CDC Project Officer	
CDC Technical Monitor(s)	Sabrina M. Harper, MS (440) 488-5004
Other CIOs/Agencies Involved	Wisconsin Network for Health Policy Research
Annual Extramural Funding	\$30,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Wisconsin residents with diabetes
Published Abstracts/Articles	

Title of Project	Project IDEAL (Improving Diabetes care through Empowerment and Active collaboration and Leadership)
Category	Partnerships, Research, and Quality Improvement
Objectives and Description	Project IDEAL is a research initiative which will demonstrate the effectiveness of a collaboration between a large managed care organization (MCO), HealthPartners, and the Minnesota Department of Health's Diabetes Control Program to improve diabetes care outcomes through a clinic-based quality improvement program.
Outcomes:	N/A
External Institution/Principal Investigator	Minnesota Diabetes Control Program Donald B. Bishop, PhD (651) 281-9839 HealthPartners Research Foundation Patrick O'Connor, MD, MPH (612) 883-5034
CDC Project Officer	Cynthia K. Clark, MA (770) 488-5367
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998-1999 approximately \$140,000 annually
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	Solberg LI, et al. Using Continuous Quality Improvement to Improve Diabetes Care in Populations: The IDEAL Model. <i>Joint Commission Journal on Quality Improvement</i> , 23(11):581-92, 1997.

Title of Project	Development and Implementation of Diabetes Guidelines
Category	Partnerships, Capacity Building, and Quality Assurance
Objectives and Description	The goal of these partnerships will be to use the development and implementation of diabetes guidelines as a mechanism for capacity building and quality improvement in settings where diabetic care is provided
Outcomes:	Partnerships have been formed in many states and territories. Most MCOs are implementing the diabetes clinical care guidelines and beginning to evaluate their impact on quality of care.
External Institution/Principal Investigator	
CDC Project Officer	Andrew Lanza, MPH, MSW (770) 488-5715
Other CIOs/Agencies Involved	
Annual Extramural Funding	
Funding Mechanism	Cooperative Agreements
Project Status	Ongoing
Special Populations	Persons with diabetes
Published Abstracts/Articles	Some state publications.

Title of Project	Symposium of Diabetes Prevention and Control
Category	Capacity Development in Public Health Agencies, Partnerships
Objectives and Description	The objectives of this symposium will be to (1) share information about public health agencies= and HMOs= respective efforts and roles in the prevention and control diabetes and its complications (2) design strategies to improve the impact of public health and managed care interventions on diabetes-related outcomes in primary care settings (3) achieve consensus regarding effective approaches to collaboration among state partners, HMOs, and CDC to improve outcomes in diabetes care (4) develop approaches to reach and serve populations at risk for diabetes.
Outcomes:	A workshop was held and partnership projects were developed. Ongoing technical assistance and monitoring were provided.
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	
CDC Project Officer	Deborah Rogers Mercy, (770) 488-8200
CDC Technical Monitor(s)	Patricia Thompson-Reid, MPH (770) 488-5017
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1995: \$50,000 FY 1996: \$36,992 FY 1998: \$ 4,802
Funding Mechanism	Contract
Project Status	Completed

Title of Project	Community Health Center Collaborations Improve Health Status and Performance for People with Diabetes in Community Health Centers
Category	Quality Assurance, Preventive Effectiveness Guidelines, Partnerships, Capacity Building, Medicaid and Medicare
Objectives and Description	The goals of this project are to (1) decrease or delay the complications of diabetes utilizing an interdisciplinary clinical strategy and close collaboration with patients, family, and community; (2) demonstrate decreased economic burden for patients and their communities through the effective management of diabetes; (3) improve access for underserved populations to quality diabetes care; (4) develop the infrastructure, expertise, and leadership to support and drive improved access, health outcomes and costs for persons with diabetes.
Outcomes:	
External Institution/Principal Investigator	Health Resources and Services Administration Bureau of Primary Health Care Division of Community and Migrant Health Centers David Stevens, MD, MPH (301) 594-4323
CDC Project Officer	Lois Voelker, MBA (770) 488-5405
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$200,000
Funding Mechanism	Intra-Agency Agreement
Project Status	Ongoing
Special Populations	Medicare, Medicaid, uninsured, under-insured, migrant and homeless populations
Published Abstracts/Articles	

Title of Project	Kaiser Healthy Pregnancies Project
Category	Research
Objectives and Description	This project is a complex sample survey among black and white women enrolled in the Kaiser Permanente Medical Care Program, Atlanta, to determine potentially modifiable risk factors for pre-term birth. We are particularly interested in the role that vaginal douching may play in the pathway to spontaneous pre-term birth. Eligible study subjects are women who delivered a singleton live- or still-born infant before 37 completed weeks of gestation between January 1995 and May 1997, and a randomly selected sample of women who delivered at term during the same time period. Data will be collected from a telephone interview and prenatal and hospital medical records. Analyses will explore whether risk factors are different for black and white women, and whether risk factors differ depending on gestational age at birth (i.e., early versus late pre-term birth).
Outcomes:	
Contractor/Project Manager	
Subcontractor/Principal Investigator	Kaiser Permanente, Atlanta
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor	Carol Bruce (770) 488-5142
Other CIOs/Agencies Involved	
Annual Extramural Funding	
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Pregnant women enrolled in the Kaiser Permanente Medical Care Program, Atlanta
Published Abstracts/Articles	Kendrick JS, Bruce FC, Kieke BA, Tolsma DD. Risk Factors for Preterm Birth: Comparing Mail and Telephone Survey Methodology. Paediatric and Perinatal Epidemiology. 1998; 12:A 16-7 Bruce FC, Kendrick JS, Kieke BA, Tolsma DD. Risk Factors for Preterm Birth: Results from the Kaiser Permanente Healthy Pregnancy Project. To be published in the October 1999 issue of Paediatric and Perinatal Epidemiology

Title of Project	Surveillance of Ectopic Pregnancy in a Managed Care Setting
Category	Research
Objectives and Description	<p>Previous surveillance of ectopic pregnancy has used National Hospital Discharge Survey data to estimate the incidence of hospitalization. However, advances in technology and trends in management have made outpatient treatment of ectopic pregnancy more common. Both medical treatment using methotrexate and increased outpatient surgical treatment for unruptured ectopic pregnancies have occurred. With these trends, surveillance has become more difficult because no data sources are available to accurately count outpatient cases.</p> <p>This project will conduct surveillance of ectopic pregnancy among women enrolled in the Kaiser Permanente Medical Care Program, Northern California, during 1997 and 1998. Specific activities will include: (1) identification of factors associated with early diagnosis of ectopic pregnancies, (2) description of treatment (medical and surgical) for ectopic pregnancy, (3) description of complications and morbidities associated with type of treatment, and (4) estimation of current ectopic pregnancy rate. Data will be collected from existing electronic medical records (outpatient, pharmacy and hospital).</p>
Outcomes:	
Contractor/Project Manager	
Subcontractor/Principal Investigator	Kaiser Permanente, Northern California
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor	Carol Bruce (770) 488-5142
Other CIOs/Agencies Involved	
Annual Extramural Funding	
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Women enrolled in the Kaiser Permanente Medical Care Program, Northern California
Published Abstracts/Articles	

Title of Project	Douching Habits Among Women Enrolled in Prudential HealthCare in Memphis, Tennessee
Category	Research
Objectives and Description	<p>In 1995, 27 percent of the 60 million American women aged 15-44 reporting douching regularly. The sale of commercial douche products has more than tripled since 1974; and in 1996, 203 million disposable douche applications were sold. A growing body of evidence suggests that vaginal douching may adversely affect women's reproductive health. Douching has been linked to ectopic pregnancy, infertility, low birth weight, sexually transmitted diseases and pelvic inflammatory disease. Despite the widespread use of douching and the potential harmful effects, very little is known about why women douche.</p> <p>This project will conduct focus groups of women enrolled in Prudential HealthCare in Memphis, Tennessee. During the discussions, we will collect information about women's perceptions of personal hygiene, reasons for douching, perceived benefits and risks associated with douching and various douching behaviors. Findings can be used to design a quantitative survey instrument to assess douching practices in a representative population sample. Such information is critical for developing culturally appropriate interventions to educate women about the potential risks associated with douching.</p>
Outcomes	
External Institution/Principal Investigator	Prudential HealthCare, Memphis, Tennessee
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor	Juliette Kendrick (770) 488-5187
Other CIOs/Agencies Involved	
Annual Extramural Funding	
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Women enrolled in Prudential HealthCare, Memphis Tennessee
Published Abstracts/Articles	

Title of Project	ZAP Asthma
Category	Partnerships
Objectives and Description	The many public, private, and community partners in this project will work toward reducing the exposure of Atlanta inner city children (5-12 years old) with asthma to known environmental risk factors; thereby decreasing the severity and duration of their asthma symptoms and admission to the Emergency Room.
Outcomes:	
Contractor/Project Manager	ZAP Asthma, Inc. Lawrence Sanders, MD (404) 658-6385
Subcontractor/Principal Investigator	
CDC Project Officer	Seymour Williams, MD (770) 488-7319
CDC Technical Monitor(s)	
Other CIOs/Agencies Involved	Atlanta Empowerment Zone Kaiser Foundation Health Plan of Ga. Cigna Health Care of Ga. United Health Care Aetna Health Plans of Ga SW Hospital Rollins School of PH ALA of Ga Amer. Asso. Of Health Plans Com. Empowerment Advisory Board BC/BS of Ga Prudential Health Care of Ga Grady Health Systems Clark Atlanta Univ. Fulton County HD
Annual Extramural Funding	FY 1997 \$25,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Inner city children 5-12 years old
Published Abstracts/Articles	

Title of Project	Childbearing-Age Women, Folic Acid and the Prevention of Spina Bifida and Anencephaly: Interventions and Evaluation in a Managed Care Setting
Category	Research
Objectives and Description	This 3-year study will conduct and evaluate interventions, in a managed care setting, designed to increase use of folic-acid containing vitamin supplements among women of child-bearing age; with the ultimate goal of preventing birth defects. Measured outcomes will include reported multivitamin use and changes in serum folate values.
Outcomes:	
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229 Kaiser Permanente of Southern CA Diana Petitti, MD, MPH (626) 564-3460
Subcontractor/Principal Investigator	
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Margaret Watkins (770) 488-7187
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$381,705 FY 1998: \$617,281
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Women of child-bearing age
Published Abstracts/Articles	

Title of Project	Evaluation of Medicaid Encounter Data
Category	Medicaid and Managed Care, Information Systems, Quality Assurance
Objectives and Description	This project will evaluate encounter data collection and analysis systems for Medicaid programs. Initially, two years of Medicaid encounter data from a primary test state will be used to develop a baseline. At issue will be the ability to generate standard managed care performance measures and to evaluate health-care need and utilization by geographic area from encounter data. Then, the evaluation will be expanded to include and compare data from other states. Findings will be used to make recommendations for the overall design of encounter data collection and analysis systems for Medicaid programs.
Outcomes:	
External Institution/Principal Investigator	Washington, DC Department of Health Paul Offner, PhD
CDC Project Officer	Jane Harman, DVD., PhD (301) 436-7062, ext. 132
Other CIOs/Agencies Involved	HCFA, EPO
Annual Extramural Funding	FY 1998: \$40,000
Funding Mechanism	Assessment Initiative Intramural Funding
Project Status	Ongoing
Special Populations	Medicaid clients
Published Abstracts/Articles	

Title of Project	National Hospital Discharge Survey
Category	Information Systems
Objectives and Description	The National Hospital Discharge Survey (NHDS) provides information on inpatient utilization of non-federal, short-stay hospitals in the United States. The NHDS collects national data on hospital size, geographic location, type of ownership, medical conditions diagnosed, surgical and non-surgical procedures performed, patients=length of stay and expected source(s) of payment, and patients= demographic characteristics. The survey has been conducted annually since 1965. A category for HMO/PPO was added under "Expected Source of Payment" for the 1997 NHDS.
Outcomes:	Multiple
External Institution/Principal Investigator	Bureau of Census serves as the data collector
CDC Project Officer	Robert Pokras (301) 436-7125, ext. 184
Other CIOs/Agencies Involved	Bureau of Census
Annual Extramural Funding	N/A
Funding Mechanism	Interagency Agreement
Project Status	Ongoing annual survey with annual reports. Reports on the 1997 survey are in progress.
Special Populations	None
Published Abstracts/Articles	Annual reports published by the National Center for Health Statistics

Title of Project	National Health Interview Survey
Category	Information Systems
Objectives and Description	The National Health Interview Survey (NHIS) is the nation's largest annual health survey providing information on health status, injuries and illnesses, access to care and insurance coverage. Beginning in 1997, health insurance was incorporated into the core questionnaire of the survey; previously the information was collected in supplements. The survey collects detailed data on health insurance coverage, costs, type of plan, and details of plan operation. The survey specifically addresses HMOs, IPAs and other managed care plans (e.g., PPOs and POS). Managed care information is also obtained for persons covered by Medicaid and Medicare managed care plans. Data on health status, utilization of health care, disease prevention and health promotion and other data collected in the survey can be analyzed for those in managed care, as well as compared to the general population and those with other forms of coverage. The NHIS has been redesigned and automated and serves as the sampling nucleus for many Department of Health and Human Services (DHHS) surveys, including the Medical Expenditures Panel Survey (MEPS).
Outcomes:	Multiple
External Institution/Principal Investigator	Bureau of Census serves as the data collector.
CDC Project Officer	Robin A. Cohen, PhD (301) 436-7100
Other CIOs/Agencies Involved	Many CIOs, DHHS, AHCPR, Bureaus of Census
Annual Extramural Funding	N/A
Funding Mechanism	Interagency Agreements
Project Status	Ongoing annual survey with annual reports. Reports using the managed care information collected are in progress.
Special Populations	Survey oversamples African-Americans and Hispanics
Published Abstracts/Articles	Annual reports published by NCHS. Analyses appear in NCHS series reports and in professional journals.

Title of Project	National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey
Category	Information Systems
Objectives and Description	The National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Surveys (NHAMCS) collect data on patient visits for ambulatory care received in physicians' offices and in hospital emergency and outpatient departments, respectively. In addition to the usual encounter and demographic data, the 1997-2000 surveys feature new questions designed to measure the impact of managed care on physician-patient encounters. Included are whether or not: (1) the patient is a member of an HMO, (2) the visit is a capitated visit, (3) the visit is to the patient's primary care physician, and (4) pre-authorization was required for the visit.
Outcomes:	Multiple. Includes the incidence of managed care visits to ambulatory medical care settings by age, sex, race, expected source of payment and provider specialty; diagnostic and counseling services provided; treatment variations; etc.
External Institution/Principal Investigator	Bureau of Census serves as the Data Collector
CDC Project Officer	Catherine W. Burt, EdD (301) 436-7132, ext. 175
Other CIOs/Agencies Involved	Bureau of Census
Annual Extramural Funding	N/A
Funding Mechanism	Interagency Agreement
Project Status	Ongoing. Annual survey with annual reports. The 1997 summary report and microdata have been released to the public and a journal article is in progress.
Special Populations	None
Published Abstracts/Articles	Annual reports published by NCHS. Analyses appear in NCHS series reports and in professional journals. Woodwell DA. National Ambulatory Medical Care Survey: 1997 Summary. Advance data from vital health statistics; no 305. Hyattsville, Maryland: National Center for Health Statistics. 1999 McCaig L. National Hospital Ambulatory Medical Care Survey: 1997 Outpatient Department Summary. Advance data from vital and health statistics; no 307. Hyattsville, Maryland: National Center for Health Statistics. 1999

Title of Project	Medicaid Managed Care Data Collection and Reporting
Category	Medicaid and Managed Care
Objectives and Description	<p>In 1997, The National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Populations began evaluating the capacity of the health system to measure health status and health services delivery for the Medicaid population during and after the transition to managed care. The project has focused on existing data sources (including existing Medicaid managed care data collection processes), and on integrating data collection and analysis.</p> <p>The Subcommittee held several public hearings on Medicaid managed care, made site visits to Arizona and Massachusetts, and commissioned an analysis of Medicaid reporting practices which, when finalized, will: (1) identify State reporting requirements, (2) delineate the types of data and reports currently available and (3) highlight best practices for ongoing data collection. A contractor also is developing model- or prototype-language to assist State Medicaid agencies in their development of managed care contracts and data systems.</p>
Outcomes:	
External Institution/Principal Investigator	GWU Center for Health Policy Research
	Sara Rosenbaum, JD (202) 530-2343
CDC Project Officer	Katherine Jones (301) 436-7050
Other CIOs/Agencies Involved	OHCP
Annual Extramural Funding	FY 1997: \$90,000
Funding Mechanism	ASPE Task Order Contract
Project Status	Ongoing, the report should be finalized by September 1999. The model contract language is under review.
Special Populations	NA
Published Abstracts/Articles	NA

Title of Project	Managed Care's Role in STD Prevention and Treatment
Category	Guidelines Development, Quality Assurance
Objectives and Description	For this project, the American Association of Health Plans (AAHP) and one or more of its member research centers will review and synthesize recent findings and recommendations from a variety of sources addressing the role of managed care in STD prevention and treatment. The final report will identify practical steps that managed care health plans can take to more effectively address STD prevention and treatment issues.
Outcomes:	
Contractor/Project Manager	American Association of Health Plans Craig Carlson (202) 778-3242
Subcontractor/Principal Investigator	
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Kathleen L. Irwin (404) 639-8276
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$150,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Impact of Health-Care Reform on Sexually Transmitted Disease (STD) Service Delivery
Category	Research, Medicaid and Managed Care
Objectives and Description	This project will assess the impact of a health department's decision to end its delivery of personal health services on STD prevention.
Outcomes:	The health department's divestiture resulted in a decline in program capacity, patient delays in seeking/obtaining care, reduced sensitivity of STD surveillance, and a reported drop in STD rates.
External Institution/Principal Investigator	University of Washington William Lafferty, MD (206) 616-5085 Anne Marie Kimball
CDC Project Officer	Kathleen Irwin (404) 639-8276
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$245,000
Funding Mechanism	ASPH Cooperative Agreement
Project Status	Supplemental year of funding in progress to explore alternative venues of care for clinic clients.
Special Populations	Medicaid enrollees and STD clinic patients
Published Abstracts/Articles	Kimball, AM., Lafferty, WE., <u>Kassler, WJ.</u> , Hundt, A., MacCornack, R., Bolan, G. The impact of health-care market changes on local decision making and STD care: experiences in three counties. Am J Prev Med 1997; 13(Suppl 2): 75-84.

Title of Project	National Study of STD Control Activities in Medicaid Managed Care Organizations
Category	Research, Medicaid and Managed Care
Objectives and Description	For this project, researchers will perform a survey of STD prevention policies and practices in Medicaid MCOs in an effort to assess access to and quality of STD-related services.
Outcomes:	
External Institution/Principal Investigator	University of California at Los Angeles E. Richard Brown
CDC Project Officer	Janelle Dixon (404) 639-8344
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$143,000 \$100,000 (RWJ Foundation)
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Health Plan Performance Indicators for STD & Reproductive Health in Managed Care
Category	Research , Quality Assurance
Objectives and Description	This project will develop and test a set of performance measures with which MCOs can monitor the quality of health care in the areas of STDs and reproductive health.
Outcomes:	
External Institution/ Principal Investigator:	University of Washington & Seattle King County Dept of Health, with: <i>Community Health Plan of Washington, Group Health Cooperative of Puget Sound, NYLCare Health Plans Northwest</i>
	William Lafferty, MD (206) 616-5085
CDC Project Officer	Guoyu Tao, PhD, MS (404) 639-1831
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$160,920 FY 1998: \$159,771
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	OPTIONS (Outreach Partnerships Towards Implementation of Non-Invasive Screening) Trial
Category	Research
Objectives and Description	This operational research trial will evaluate the cost-effectiveness of different outreach intervention strategies intended to promote chlamydia screening in sexually active women.
Outcomes:	
External Institution/Principal Investigator	California Dept Health Services with: <i>Kaiser Permanente Northern California</i> Gail Bolan, MD (510) 540-2657 University of Alabama; with: <i>VIVA Health, Inc., and HealthPlus</i> (NIH Funded) Kim Oh, MD (205) 934-8770 City of Philadelphia Dept. of Health with: <i>Health Partners</i> Caroline Johnson, MD (215) 685-6737
CDC Project Officer	Cathleen Walsh (404) 639-1829
Other CIOs/Agencies Involved	NIH
Annual Extramural Funding	FY 1997: \$150,000 FY 1998: \$266,000
Funding Mechanism	Cooperative agreement
Project Status	Ongoing
Special Populations	Women enrollees, under 25 yrs of age
Published Abstracts/Articles	

Title of Project	Enhanced STD Surveillance and Reporting in a Mixed Model HMO
Category	Research
Objectives and Description	This project will define and enhance an electronic, laboratory-based, STD reporting system in an MCO using existing administrative datasets. At the end of the study, the reported data will be evaluated for completeness, timeliness, and accuracy.
Outcomes:	
External Institution/Principal Investigator	Massachusetts Health Department with; <i>Harvard Pilgrim Health Care</i>
	Michael Whelan
CDC Project Officer	Guoyu Tao, PhD, MS (404) 639-1831
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$166,025 FY 1998: \$162,143
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Evaluation of STD Treatment Guidelines in Managed Care Settings
Category	Research, Quality Assurance
Objectives and Description	This project will: (1) investigate how CDC's STD Treatment Guidelines are currently used in public and private settings; (2) identify factors associated with compliance to the guidelines; and (3) evaluate whether adherence to the guidelines produces desired outcomes. These data will be used to revise and improve the guidelines development process.
Outcomes:	
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	<i>HealthPartners Research Foundation</i> Michael Stiffman, MD, MSPH (612) 883-5018 <i>Kaiser Permanente, Denver</i> David Magid, MD, MPH (303) 344-7541
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Kathleen Irwin (404) 639-8276
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$124,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Physicians Coding Patterns for STD Diagnostic and Treatment Services in Medical Claims Data
Category	Research, Information Systems, and Medicaid and Managed Care
Objectives and Description	In an effort to identify factors associated with STD miscoding, this project will evaluate how STD services are coded in medical claims data, including: (1) percent intentional STD miscoding by STD; (2) percent random coding error; and (3) how STD miscoding is affected by physician practice characteristics (e.g., treatment volume), patient characteristics (e.g., health insurance status), and disease characteristics (e.g., STD type and prevalence).
Outcomes:	
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	Health Partners Research Foundation Michael Stiffman, MD, MSPH (612) 883-5018
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Guoyu Tao, PhD, MS (404) 639-1831
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$50,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Reproductive Health Guidelines
Category	Guidelines Development, Quality Assurance
Objectives and Description	This project will develop evidence-based, practice guidelines on STD treatment and reproductive health care for a managed care audience.
Outcomes:	
External Institution/Principal Investigator	University of California at San Francisco Institute for Health Policy Studies James Kahn, MD, MPH (415) 476-6642
CDC Project Officer	Kathleen Irwin (404) 639-8107
Other CIOs/Agencies Involved	NCCDPHP
Annual Extramural Funding	\$100,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Evaluating Alternative Information Systems for Comprehensive Tuberculosis Surveillance
Category	Surveillance Evaluation
Objectives and Description	The goal of this project is to evaluate the utility, accuracy, and efficiency of data systems (e.g., billing, pharmacy, electronic medical records) available throughout managed care organizations as alternative sources for identifying persons with newly diagnosed tuberculosis. The specific characteristics to be assessed for the project are: (1) ease of use and accuracy or predictive value as defined by the proportion of patients initially identified as TB cases who meet the CDC case definition for TB surveillance, and (2) incremental value as defined by the number of active TB cases identified by the traditional public health surveillance system.
Outcomes:	The principal finding is that the dispensing of at least two different primary anti-TB drugs (isoniazid, rifampin, pyrizinamide, ethambutol or streptomycin), as determined from the review of automated pharmacy records, is a sensitive (sensitivity 89%) but not very specific (predictive value 30%) indicator of active TB.
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	<i>Harvard Pilgrim Health Systems</i> Richard Platt, MD, Msc (617) 421-6859 <i>Henry Ford Health Systems</i> Gary A. Chase, MD
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Eugene McCray, MD (404) 639-8117
Other CIOs/Agencies Involved	
Annual Extramural Funding	
Funding Mechanism	Contract
Project Status	Completed
Special Populations	Managed care enrollees with tuberculosis
Published Abstracts/Articles	Tuberculosis Surveillance in a Health Maintenance Organization Using Automated Data. ICAAC 1998 Tuberculosis Surveillance in a Health Maintenance Organization Using Automated Data. Manuscript submitted for publication March 1999. Assessing the Management of Tuberculosis Using Automated Pharmacy Records. Manuscript submitted for publication March 1999.

Title of Project	Tuberculosis Surveillance and Monitoring of Drug Therapy Among HMO Members Using Automated Data
Category	Surveillance Evaluation
Objectives and Description	The goals of this project are to: (1) evaluate the generalizability of using automated pharmacy data for anti-TB therapy to identify unreported TB cases in other managed care settings and (2) evaluate the use of health maintenance organizations- automated pharmacy dispensing data to assess both the appropriateness of TB therapy prescribed by managing physicians and patient compliance with therapy.
Outcomes:	
External Institution/Project Manager	Harvard Pilgrim Health Systems Richard Platt, MD, Msc (617) 421-6859
Subcontractor/Principal Investigator	<i>TennCare</i> Wayne A. Ray, PhD (615) 322-2017 <i>United HealthCare</i> Deborah Shatin, PhD (612) 936-1728 <i>Henry Ford Health Systems</i> Gary A. Chase, MD (313) 874-6360
CDC Project Officer	Eugene McCray, MD (404) 629-8117
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$149,960
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Managed Care Enrollees with Tuberculosis
Published Abstracts/Articles	

Title of Project	Impact of Emerging Infectious Diseases on Health Outcomes of Children and their Families (1)
Category	Surveillance
Objectives and Descriptions:	For this project, a sample of families enrolled in a single pediatric practice accepting various types of reimbursement will be followed longitudinally over 24 months with periodic telephone interviews and medical records reviews. The objectives are to: (1) quantify utilization of outpatient health-care services per family unit and assess differences in utilization patterns among persons receiving care in different settings; (2) identify factors associated with variations in demand and receipt of health services including-- colonization or infection with antimicrobial resistant microorganisms, type of health-care coverage, and demographic and socioeconomic variables; (3) quantify the economic impact of illness and assess variations in that impact and their association with different types of health-care coverage; and (4) assess the effectiveness in different health plans of various interventions intended to reduce the inappropriate use of outpatient antibiotics.
Outcomes:	
External Institution/Principal Investigator	Center for Pediatric Research, Children's Hospital of The Kings Daughters, Eastern Virginia Medical School, Norfolk, VA Douglas K. Mitchell, MD (804) 668-6400
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$150,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Children
Published Abstracts/Articles	Mitchell DK, et al. Risk Factors for Carriage of Trimethoprim-Resistant Escherichia coli in Stool Specimens From Young Children. <i>IDSA</i> 1997. Holmes SJ, et al. Colonization of Young Children and Family Members with Penicillin-Resistant <i>S. pneumoniae</i> . <i>PID S</i> 1998. And Practices Towards Health-Care Utilization for Young Children. <i>SPR</i> , 1998. Ramsey AF, et al. Utilization of Health Care for Infectious Illnesses at a Pediatric Practice. <i>SPR</i> , 1998.

Title of Project	Impact of Emerging Infectious Diseases on Health Outcomes of Children and their Families (2)
Category	Surveillance
Objectives and Descriptions:	For this project, a sample of families enrolled in each of three different health plans (a point-of-service HMO, and IPA model HMO, and Medicaid fee-for-service health plan in transition to Medicaid managed care) will be followed longitudinally over 24 months with periodic telephone interviews and medical records reviews. The objectives are to: (1) quantify utilization of outpatient health services per family unit and assess differences in utilization patterns among persons receiving care in different settings; (2) identify factors associated with variations in demand and receipt of health services including--colonization or infection with antimicrobial resistant microorganisms, type of health-care coverage, and demographic and socioeconomic variables; (3) quantify the economic impact of illness and assess variations in that impact and their association with different types of health-care coverage; and (4) assess the effectiveness in different health plans of various interventions intended to reduce the inappropriate use of outpatient antibiotics.
Outcomes:	
External Institution/Principal Investigator	University of South Carolina School of Public Health Leiyu Shi, DrPH, MBA, MPA (410) 614-2062
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$150,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Children
Published Abstracts/Articles	

Title of Project	Use of Integrated Health Information Systems for Post-Discharge Surveillance of Surgical Site Infections
Category	Information Systems
Objectives and Descriptions:	The objectives of this pilot project are to: (1) develop a method, in a mixed model managed care organization (MCO), of comparing traditional in-hospital and post-discharge surveillance to the utilization of automated claims, pharmacy, and other data for the detection of surgical site infections; and (2) initiate a demonstration project whereby the automated MCO-based surveillance methodology becomes operational as a clinical performance measure.
Outcomes:	
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	Harvard Community Health Care Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Teresa Horan (404) 639-6439
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$57,000 FY 1998: \$39,996
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Methods of Inpatient Surveillance for Surgical Site Infections.
Category	Surveillance
Objectives and Descriptions:	This project will compare the accuracy and resource requirements of the National Nosocomial Infection Surveillance (NNIS), ICD-9 diagnosis codes, and quantitative antibiotic exposure thresholds to identify surgical site infections after CABG, breast surgery, and Cesarean delivery. A full cohort design will be used to compare NNIS surveillance to ICD-9 discharge diagnosis codes, as well as to assess the relationships between: (1) quantitative antibiotic exposure and NNIS surveillance and (2) quantitative antibiotic exposure and ICD-9 codes.
Outcomes:	
External Institution/Principal Investigator	Prevention Epicenter of Eastern Massachusetts Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$90,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Methods of Outpatient Surveillance for Surgical Site Infections.
Category	Surveillance
Objectives and Descriptions:	A majority of surgical site infections occur after hospital discharge. Analysis of automated claims and pharmacy data typically available to managed care organizations (MCOs) and insurers should identify greater numbers of such infections than questionnaires to patients or surgeons. In this study, a cohort of patients receiving 6,000 surgical procedures in 10 hospitals will be prospectively monitored for surgical site infections using automated data. Anticipated results include the refinement of decision algorithms and an assessment of the generalizability of this method to other institutions and managed care organizations.
Outcomes:	
External Institution/Principal Investigator	Prevention Epicenter of Eastern Massachusetts Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural:	\$90,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Epidemiology of Post-Discharge Infections Associated with Implanted Central Venous Catheters
Category	Research
Objectives and Descriptions:	The objectives of this project are to: (1) determine the feasibility, in a managed care environment, of using existing electronic data to identify individuals with long-term intravascular catheterization, the duration of catheterization, and any associated complications; (2) design an automated records-based system which will identify complications associated with long-term catheterization and determine the performance characteristics of that system; (3) describe the use of long-term intravascular catheterization in the study population and the epidemiology of catheter-associated complications; and (4) quantify the consequences of catheter-associated complications.
Outcomes:	
External Institution/Principal Investigator	Prevention Epicenter of Eastern Massachusetts Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$60,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Epidemiology of Post-Discharge Neonatal Infections
Category	Research
Objectives and Descriptions:	The specific aims of this project are to: (1) develop methods for using automated medical records to identify neonatal infections; (2) describe the epidemiology of postnatal infections for a defined population of infants using automated full text records, pharmacy data, and claims data; and (3) assess the impact of various neonatal and maternal exposures on neonatal infections.
Outcomes:	
External Institution/Principal Investigator	Prevention Epicenter of Eastern Massachusetts Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding through 1998:	\$50,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Use of HMO Administrative and Pharmacy Data for Surveillance of Health-Care Associated Infections
Category	Surveillance
Objectives and Descriptions:	This project will: (1) compare traditional hospital-based surveillance to MCO-based automated surveillance for all general surgery procedures from three MCOs, expanding the scope of an earlier project (Use of Integrated Health Information Systems for Post-Discharge Surveillance of Surgical Site Infections); and (2) initiate a demonstration project whereby the automated MCO-based surveillance methodology becomes operational as a clinical performance.
Outcomes:	
External Institution/Principal Investigator	Prevention Epicenter of Eastern Massachusetts Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding through 1998:	FY 1998: \$125,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project:	Peri-Operative Antimicrobial Prophylaxis and Resistant Clinical Isolates
Category	Prevention Effectiveness
Objectives and Descriptions:	The rapid rise in antimicrobial resistance represents a major public health threat. Inappropriate antimicrobial use (e.g., prolonged peri-operative antimicrobial prophylaxis) is believed to be an important contributor. This project will determine the rate of post-operative infection or clinically recognized colonization due to resistant Gram-negative and Gram-positive organisms in a prospectively monitored cohort of patients undergoing 6,000 surgical procedures in a managed care environment.
Outcomes:	
External Institution/Principal Investigator	Prevention Epicenter of Eastern Massachusetts Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding	\$30,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Management of Vancomycin-Resistant Enterococcal Colonization during Outpatient Care and Readmission of Cancer Patients.
Category	Prevention Effectiveness
Objectives and Descriptions:	This project will seek ways to assure that: (1) patients readmitted to the hospital with vancomycin resistant enterococcal (VRE) infection/colonization are appropriately placed on isolation; and (2) fewer patients requiring readmission will need to be placed on isolation by coordinating outpatient visits to minimize the potential spread of VRE infection/colonization in that setting. Methods will include patient education on the need for specimen collection, staff education on the need for confirmation of infection status and improved coordination with admitting data systems and personnel.
Outcomes:	
External Institution/Principal Investigator	Memorial Sloan Kettering Cancer Center
	Kent Sepkowitz, MD (212) 639-2441
CDC Project Officer	Michele L. Pearson, MD (404) 639-6415
Other CIOs/Agencies Involved	
Annual Extramural:	\$50,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Immune compromised patients
Published Abstracts/Articles	

Title of Project	Long Term Clinical and Economic Impact of Health-Care Associated Infections
Category	Research
Objectives and Descriptions:	Often, patients with health-care associated infections suffer from reduced functional status; making them likely to have higher costs of care in an integrated delivery system. This project will assess the functional status of patients for up to one year after health-care associated infections. Patients enrolled within 72 hours of the diagnosis of infection will have repeat assessments at 1, 3, and 6 months after diagnosis. Estimated pre-morbid functional status will be established through patient and family interviews. Controls will be matched for age ("5 years), recent surgical procedures (past month), and primary reason for admission and diagnosis. At the end of the project period, the functional status and overall cost of care for the study and control groups will be compared.
Outcomes:	
External Institution/Principal Investigator	Johns Hopkins University School of Medicine University of Maryland and Maryland V.A. Health System Trish M. Perl, MD, MSc (410) 955-8384
CDC Project Officer	Ralph L. Cordell, PhD (404) 639-6478
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$105,000 FY 1998: \$105,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Reengineering Infection Control Programs in Integrated Delivery Systems and Networks
Category	Capacity Building
Objectives and Descriptions:	This project aims to improve the efficiency of infection control programs across the continuum of care by: (1) developing and expanding the use of electronic surveillance, (2) working closely with pharmacy programs to improve antibiotic utilization, and (3) developing and implementing infection control programs for outpatient and long term care facilities which are linked with acute care infection control programs.
Outcomes:	
External Institution/Principal Investigator	Washington University School of Medicine Victoria Fraser, MD (314) 454-8272
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	None
Annual Extramural Funding	\$30,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	Murphy D, et al. Redesigning the Business of Infection Control for the 21 st Century. APIC 1998.

Title of Project	Epidemiology and Resistance of Pathogens Causing Urinary Tract Infection
Category	Research
Objectives and Descriptions:	This project will focus on the epidemiology of urinary tract infections (UTI) in an ambulatory patient population residing in a large urban area where multiresistant urinary tract pathogens are common. A computerized medical record review will be performed to evaluate appropriateness of antimicrobial therapy for UTI, as well as to compare different treatments and their outcomes. One important measure of quality will be the timeliness with which antimicrobial therapy is altered based upon culture results.
Outcomes:	
External Institution/Principal Investigator	Northwestern Memorial Hospital Lance Peterson, MD (312) 908-8192
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	None
Annual Extramural Funding through 1998:	\$60,000
Funding Mechanism	Cooperative agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Epidemiology of Infections in Patients Receiving Home Health Care
Category	Research
Objectives and Descriptions:	This project will: (1) determine the incidence of infection among patients receiving medical care at home, (2) determine the risk factors for developing infection among patients receiving medical care at home; and (3) develop public health interventions that will prevent the emergence of infection in this setting. A major goal will be to determine the incidence of infection among patients discharged from acute care settings to home care settings - including patients with central venous catheters, patients with open medical and surgical wounds, immunosuppressed patients, and patients with other preexisting comorbidity.
Outcomes:	
External Institution/Principal Investigator	Northwestern Memorial Hospital Lance Peterson, MD (312) 908-8192
CDC Project Officer	Ralph Cordell, PhD (404) 639-6475
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$75,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Control of Antimicrobial Resistance in Integrated Health-Care Delivery Settings
Category	Prevention Demonstration Project
Objectives and Descriptions:	The leaders of this project will address the problem of antimicrobial resistance by: (1) promoting more prudent antimicrobial use; (2) taking action to reduce transmission of antimicrobial resistant microorganisms; (3) preventing colonization and infection with resistant microorganisms through vaccination; (4) enhancing the detection of resistant microorganisms through the institution of better laboratory testing procedures and improvements in the quality and flow of laboratory data; and (5) communicating more effectively with health-care providers to positively influence their utilization of antimicrobials, utilizing technologies like automated information management systems and Internet-based systems.
Outcomes:	
External Institution/Principal Investigator	Cook County Hospital, Cook County Bureau of Health Services, Rush Presbyterian-St. Lukes Medical Center Robert A. Weinstein, MD (312) 633-3237
CDC Project Officer	Steven L. Solomon, MD (404) 639-6476
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$500,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Testing a Revised HEDIS Measure of Appropriate Antimicrobial Therapy for Acute Otitis Media
Category	Research
Objectives and Description	This study will evaluate a modified, proposed, HEDIS measure of appropriateness of antimicrobial therapy for acute otitis media, utilizing a health plan's electronic patient database.
Outcomes:	
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	Harvard Community Health Plan Richard Platt, MD, MSc (617) 421-6859
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Richard E. Besser, MD (404) 639-3057
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$20,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Intervening to Promote Judicious Antibiotic Use in Primary Care Pediatrics within Managed Care Organizations
Category	Research
Objectives and Description	The goal of this project is to determine whether antibiotic use by pediatric primary care providers can be decreased by educational and feedback interventions aimed at providers, and education of patients. The study will compare intervention and control group practices.
Outcomes:	
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	Harvard Community Health Plan Jon Finkelstein Group Health Cooperative-Puget Sound Robert L. Davis, MD, MPH (206) 287-2943
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Scott Dowell, MD (404) 639-4646
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1996: \$152,262 FY 1997: \$141,424
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Children
Published Abstracts/Articles	

Title of Project	Lyme Disease Vaccine and Health Management Organizations (HMOs): Economics and an Algorithm for Its Use
Category	Research
Objectives and Description	This project will attempt to: (1) determine the costs associated with Lyme disease among an HMO subscribing population; (2) perform a cost-benefit analysis for using Lyme disease vaccine in one or more HMO populations; (3) develop an algorithm as a decision-making tool for Lyme disease vaccination in an HMO setting.
Outcomes:	
External Institution/Principal Investigator	University of Maryland (through Maryland Dept. of Health) Alan Fix, MD (410) 706-3491 Thomas Strickland, MD, PhD (410) 706-7550
CDC Project Officer	David T. Dennis, MD, MPH (970) 221-6400 Kathleen A Orloski, DVM (970) 221-6400 Martin Meltzer, MS, PhD (404) 639-4643
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$93,500 FY 1999: \$105,010
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Evaluation of Effectiveness of Group B Streptococcal (GBS) Disease Prevention Guidelines
Category	Research, Information Systems, Quality Assurance, Prevention Effectiveness Guidelines
Objectives and Description	CDC issued consensus guidelines for the prevention of perinatal GBS disease in 1996. That same year, the managed care organization, Group Health Cooperative of Puget Sound (GHC) developed and adopted prevention protocols based on the guidelines. A major project objective is to design and implement a pilot evaluation program to assess the effectiveness of GHC's protocols. The program will build on GHC's current measures of compliance which include measures of the impact of compliance on antibiotic use, adverse events, and newborn management. Another project objective is to identify performance measures which can serve as indicators of adherence to GBS prevention guidelines. Project data will be derived from existing automated databases and validated via medical record review.
Outcomes:	Preliminary outcomes (project ongoing): Among women delivering at term, prenatal screening increased from 48% (pre-May 1996) to 74% (post-November 1996). Over the same interval, intrapartum antibiotic use increased from 12.8% to 26.7% of deliveries. Maternal endometritis declined during this period, while rates of postpartum rash, anaphylaxis, and/or pseudomembranous colitis did not increase. After a pediatric algorithm was instituted in November of 1996, the proportion of infants receiving blood cultures declined significantly.
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	Group Health Cooperative-Puget Sound Robert L. Davis, MD, MPH (206) 287-2943
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Anne Schuchat, MD (404) 639-4720
Other CIOs/Agencies Involved	EPO
Annual Extramural Funding	FY 1996: \$ 75,000 FY 1997: \$120,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Infants, pregnant women
Published Abstracts/Articles	manuscripts in preparation

Title of Project	Impact of Influenza on the Rates of Respiratory Tract Disease Hospitalizations among Children 0-4 Years of Age
Category	Research
Objectives and Description	Using 1991-1996 data from managed care participants in the National Immunization Program's (NIP's) Vaccine Safety and Development Datalink (VSDD) Project, this retrospective study will evaluate whether healthy children aged 0-4 years were at higher risk than healthy older children and adults for influenza-related hospitalizations.
Outcomes:	
External Institution/Principal Investigator	Group Health Cooperative-Puget Sound Robert Davis, MD, MPH (206) 287-2943 Northern California Kaiser Steve Black, MD (510) 267-7534
CDC Project Officer	Hector S. Izurieta, MD (404) 639-3747
Other CIOs/Agencies Involved	VSDA/NIP
Annual Extramural Funding	
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Assessing the Economic Costs and Benefits of a Community-Based Intervention to Promote the Judicious Use of Antimicrobial Agents	
Category	Research	
Objectives and Description	The purpose of this project is to estimate the economic cost associated with educational interventions designed to reduce inappropriate use of antibiotic treatment for upper respiratory infections in children residing in Northern Wisconsin. The study encompasses three distinct components that estimate: (1) costs associated with mounting educational interventions to reduce inappropriate antimicrobial use, (2) costs associated with measurable increases in the time required by physicians to counsel patients regarding non-antibiotic treatment alternative for their children, and (3) direct and indirect health-care related treatment costs.	
Outcomes:		
External Institution/Principal Investigator	Marshfield Medical Research and Educational Foundation	
CDC Project Officer		
CDC Technical Monitor(s)		
Other CIOs/Agencies Involved		
Annual Extramural Funding	FY 1998:	\$85,892
Funding Mechanism	Grant	
Project Status	Ongoing	
Special Populations	Children	
Published Abstracts/Articles		

Title of Project	A Randomized Trial to Prevent Pressure Ulcers after Spinal Cord Injury®
Category	Research
Objectives and Description	The goal of this project is to develop recommendations on the most effective and efficient methods of preventing pressure ulcers among non-institutionalized patients with newly acquired spinal cord injury. Both the lead agency and the secondary site for this project contract with numerous managed care organizations.
Outcomes:	
External Institution/Principal Investigator	Rehabilitation Institute of Chicago and Schwab Rehabilitation Hospital Rosemarie King, PhD (312) 908-8038
CDC Project Officer	Renee L. Johnson, R.P.T., MSP.H. (770) 488-1479
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$242,000 FY 1998: \$242,000
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Persons with permanent paralysis resulting from acute spinal cord injury.
Published Abstracts/Articles	

Title of Project	Screening and Brief Intervention for Alcohol Problems in a Rural Emergency Department
Category	Research
Objectives and Description	This project will evaluate the feasibility of implementing screening and brief intervention for alcohol problems in a rural university-based hospital emergency department with a mix of fee-for-service patients and managed care enrollees.
Outcomes:	
External Institution/Principal Investigator	West Virginia University Center for Rural Emergency Medicine Janet Williams, MD (304) 293-6682
CDC Project Officer	Daniel W. Hungerford, DrPH (770) 488-4142
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$214,000
Funding Mechanism	Grant
Project Status	Ongoing
Special Populations	18 - 29 year old alcohol users presenting for emergency services
Published Abstracts/Articles	

Title of Project	Violence Against Women: Medical Care Utilization Before and After Recognition of Abuse Status
Category	Prevention Effectiveness
Objectives and Description	The purpose of this project is to (1) determine the ability of two large Health Maintenance Organizations to contribute to the understanding and management of violence against women by linking data from their various data sources (e.g., hospital, emergency department, primary care); (2) compare rates and costs of injury, illness, and medical care utilization of identified abused women HMO enrollees before and after identification; (3) compare rates and costs of injury, illness, and medical care utilization of identified abused women HMO enrollees to rates and costs of injury, illness, and medical care utilization of women HMO enrollees not identified as abused; and (4) compare and contrast the findings from items 2 and 3 for the two different HMO study populations.
Outcomes:	
Contractor/Project Manager	Battelle Centers for Public Health Research and Evaluation Barbara Rader, PhD (206) 528-3139
Subcontractor/Principal Investigator	
CDC Project Officer	Mary S. Moreman (770) 488-8188
CDC Technical Monitor(s)	Linda Saltzman, PhD (770) 488-4280
Other CIOs/Agencies Involved	EPO
Annual Extramural Funding	FY 1994-1996 \$186,468
Funding Mechanism	Contract
Project Status	Completed
Special Populations	
Published Abstracts/Articles	

Title of Project	Performance Indicators for Workers= Compensation Care in Managed Care
Category	Quality Assurance
Objectives:	Twenty-nine states now have regulations permitting managed care organizations to deliver workers= compensation, and over 60 million workers are covered by workers= compensation via managed care networks. This project will create a standard set of clinical performance measures with which to evaluate the provision of managed care workers= compensation. Such measures will allow purchasers, consumers, and policy makers to compare quality among managed care workers= compensation providers and make informed decisions based upon those comparisons. In addition, standardized measures will help guide managed care quality improvement efforts. The ultimate objective of this project is to improve the quality of care delivered to injured workers.
Outcomes:	
External Institution/Principal Investigator	American Accreditation HealthCare Commission/URAC Liza Greenberg, RN, MPH (202) 216-9010
CDC Project Officer	NIOSH/OD/Office for Extramural Coordination and Special Projects Scott Deitchman, MD, MPH (404) 639-1534
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY: 1998-2000 \$393,000 (RWJ Funding)
Funding Mechanism	Robert Wood Johnson Foundation Workers= Compensation Health Initiative Grant
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Analysis of Capitated Payments in Workers= Compensation
Category	Research
Objectives and Description	In 1993, Philadelphia moved from fee-for-service to capitated reimbursement of medical providers participating in its workers= compensation program covering 30,000 municipal employees. This research will compare health-care utilization and expenditures, duration of disability and duration of the claim for work-related injuries, and lost time at work associated with work-related injuries C from before and after the transition to capitation. It will also determine whether observed changes reflect changes in the provider pool or changes in provider behavior. Finally, capitated providers will be interviewed regarding their use of management strategies for treatment.
Outcomes:	
External Institution/Principal Investigator:	Allegheny Universiy David J. Tollerud, MD, MPH (215) 762-6514
CDC Project Officer	NIOSH/OD/Office for Extramural Coordination and Special Projects Roy Fleming, ScD (404) 639-3343
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1996: \$192,173 FY 1997: \$210,798 FY 1998: \$195,812
Funding Mechanism	Grant
Project Status	Ongoing
Special Populations	
Published Abstracts/Articles	

Title of Project	Pneumococcal Vaccination Assessment in Managed Care Settings
Category	Research
Objectives and Description	The objectives of this project are to (1) develop mechanisms to identify target populations for Pneumococcal vaccination, (2) assess Pneumococcal vaccination levels, and (3) determine the utility of various methods of identifying target populations and assessing vaccination levels for a potential HEDIS measure - in managed care settings.
Outcomes:	
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	<i>Health Partners Research Foundation</i> James Norden, MD, MPH (612) 883-5087 <i>Group Health Cooperative of Puget Sound</i> Lisa Jackson, MD, MPH (206) 442-5216 <i>Kaiser Permanente North West</i> John Mullooly, PhD (503) 335-6768
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	María C. Rangel MD, MPH (404) 639-8968
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$300,000 FY 1998: \$152,612
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Chronically ill adults or adults ≥ 65 years of age
Published Abstracts/Articles	Rangel, MC, Jackson LA, Mullooly JP, Norden J, Strikas RA, Williams WW, Carste B, Bergsten C, Ahmed F: A Collaborative Effort to Develop Methodologies to Assess Pneumococcal Vaccination Coverage in Managed Care Settings. Poster Presentation at <i>1999 HMO Research Network Conference</i> , Oahu, Hawaii, March 7, 1999. Jackson LA, Carste BA, Mell LK, Rangel MC: Pneumococcal Vaccination Assessment in a Managed Care Setting. Accepted for oral presentation at the 23 rd National Immunization Conference. Dallas, Texas, June 23, 1999.

Title of Project	Enhancement of Adolescent Vaccination Practices in Managed Care Settings
Category	Research
Objectives and Description	The objectives of this project are to (1) characterize existing policies and administrative practices related to adolescent vaccination and (2) describe current vaccination practices (e.g., promotion, assessment, tracking, and record keeping) - in managed care settings.
Outcomes:	
Contractor/ Project Manager:	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	María C. Rangel MD, MPH (404) 639-8968
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1995: \$25,000
Funding Mechanism	Contract
Project Status	Data analysis and manuscript preparation
Special Populations	Adolescents
Published Abstracts/Articles	Rangel MC, Williams WW, Bergsten C, Joffe A: Adolescent Vaccination Practices in Managed Care Settings. Abstract presented <i>APHA 1998 Annual Conference</i> . Rangel MC, Williams WW, Bergsten C, Joffe A: Adolescent Vaccination Policies and Practices in Managed Care Settings. Abstract accepted <i>NIC Annual Conference</i> , June 1999. Poster Presentation. Manuscript in preparation: Adolescent Vaccination Policies and practices in Managed Care Settings

Title of Project	Assessment of Adult Vaccination Practices in Managed Care Settings
Category	Research
Objectives and Description	The objectives of this project are to characterize existing policies and administrative practices related to adult vaccination and use these findings to promote improved adult immunization practices - in managed care settings.
Outcomes:	
Contractors/Project Managers:	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	Group Health Cooperative-Puget Sound Angela Salazar (206) 287-2947
CDC Contract Officer:	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	María C. Rangel MD, MPH (404) 639-8968
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1996: \$48,859
Funding Mechanism	Contract
Project Status	Data entry
Special Populations	Adults
Published Abstracts/Articles	Rangel MC, Williams WW, Strikas RA, Bergsten C: Assessment of Adult Immunization Policies and Practices in Managed Care Settings, 1997. Abstract accepted for oral presentation at <i>23rd National Immunization Conference</i> , Dallas Texas, June 1999

Title of Project	Rapid Influenza Vaccine Effectiveness Assessment in Managed Care Settings
Category	Research
Objectives and Description	The objectives of this project are to (1) estimate the effectiveness of the 1996-97 and 1997-98 influenza vaccine in preventing hospitalization and death from influenza and pneumonia in persons ≥ 65 years of age; (2) use those findings to document the positive impact of influenza vaccine and promote continued influenza vaccination in high-risk populations; and (3) design a program of annual vaccine effectiveness studies based on the above experiences - in managed care settings.
Outcomes:	For the entire 1996-97 influenza season in the three sites studied, influenza vaccination prevented 22% of all pneumonia and influenza hospitalizations and 57% of all deaths that would have occurred in vaccinated persons, had they not received influenza vaccine.
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	<i>Health Partners Research Foundation</i> James Norden, MD, MPH (612) 883-5087 <i>Kaiser Permanente Northwest</i> John Mullooly, PhD (503) 335-2400 <i>Oxford Health Plan</i> Sung Poblete and Deborah Wheeler
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Raymond A. Strikas, MD (404) 639-8257
Other CIOs/Agencies Involved	NCID
Annual Extramural Funding	FY 1997: \$140,000 FY 1998: \$192,463
Funding Mechanism	Contract
Project Status	Data analysis completed and final report drafted for 1996-97. Data collection underway for 1997-98.
Special Populations	Adults ≥ 65 years of age
Published Abstracts/Articles	Pending

Title of Project	Multi-Site Project to Characterize the Current Policies and Practices and Assess Interventions for Enhancing the Screening of Pregnant Women for Vaccine Preventable Diseases
Category	Research
Objectives and Description	The objectives of this project are to (1) assess the current policies and practices at Group Health Cooperative and affiliated hospitals related to the screening for and prevention of vaccine preventable diseases in pregnant women, (2) implement and evaluate an intervention to improve those practices, and (3) analyze and disseminate the results to a wider audience of hospital policy makers in an effort to influence them to adopt prenatal screening strategies in their institutions.
Outcomes:	
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	Group Health Cooperative-Puget Sound Lisa Jackson, MD, MPH (206) 442-5216
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Maria C. Rangel, MD, MPH (404) 639-8969
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1997: \$191,795 FY 1998: \$190,536
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Adult women
Published Abstracts/Articles	Jackson LA, Carste B, Rebolledo V, Rangel M: Assessment of Policies and Practices for Prenatal Screening of Women for Vaccine Preventable Diseases. Poster Presentation at <i>1999 HMO Research Network Conference</i> , Oahu, Hawaii, March 7, 1999. Carste B: Prenatal Screening for Vaccine Preventable Diseases. Oral presentation at <i>32nd National Immunization Conference</i> , Dallas, Texas, June 1999.

Title of Project	Vaccine Safety Datalink Project
Category	Research
Objectives and Description	This project will provide comprehensive, post-licensure, active surveillance for adverse medical events after vaccination in a managed care population in excess of: 0.5 million children (0-6 years old), 1 million adolescents, and 3.5 million adults.
Contractors/Principal Investigators:	Group Health Cooperative of Puget Sound Robert S. Thompson, MD (206) 287-2867 Harbor UCLA Medical Center Joel I. Ward, MD (310) 222-2346 Kaiser Foundation Research Institute Steve Black, MD (510) 267-7534 Kaiser Permanente - Northwest John P. Mullooly, PhD (503) 335-2400
CDC Project Officer	Frank DeStefano, MD (404) 639-8256
CDC Technical Monitor(s)	Frank DeStefano, MD (404) 639-8256
Other CIOs/Agencies Involved	FDA Center for Biologics Evaluation and Research
Annual Extramural Funding	FY 1996 and 1997: \$3,970,000 Kaiser Foundation Research Institute \$2,308,000 Harbor UCLA Research & Education Inst. \$1,897,000 Group Health Cooperative of Puget Sound \$1,001,000 Kaiser Permanente - Northwest FY 1998: \$2,640,000 Kaiser Foundation Research Institute \$1,596,000 Harbor UCLA Research & Education Inst. \$1,498,000 Group Health Cooperative of Puget Sound \$1,283,000 Kaiser Permanente Northwest
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Children, adolescents, adults, the elderly
Published Abstracts/Articles	For complete listing of publications contact Frank DeStefano, MD. Recent publications include: 1) Chen RT, Glasser, Rhodes P, et al. The Vaccine Safety Datalink Project: A New Tool for Improving Vaccine Safety Monitoring in the United States. <i>Pediatrics</i> 1997;99:765-73. 2) Davis RL, Marcuse E, Black S, Lewis E, Chen R, et al. MMR2 at 4-5 Years and 10-11 Years of Age. A Comparison of Adverse Event Rates in The Vaccine Safety Datalink (VSD) Project. <i>Pediatrics</i> 1997;100:767-771. 3) Black S, Shinefield H, Ray P, Lewis E, Chen R, Glasser J, et al. Risk of Hospitalization because of Aseptic Meningitis after Measles-Mumps Rubella Vaccination in One-to-Two Year-Old Children: An Analysis of the Vaccine Safety Datalink (VSD) Project. <i>Pediatric Infect Dis J</i> 1997; 16:500-3

Title of Project	Safety and Immunogenicity of 2nd Dose MMR
Category	Research
Objectives and Description	This project studies the safety and immunogenicity of a second dose Measles-Mumps-Rubella vaccine administered to children at 4-6 years and 11-13 years. This study was initiated in late 1993; the primary phases have been completed and the study has been extended to include two and five year post-vaccination follow-up of participants.
Outcomes:	
Contractor/Project Manager	Marshfield Medical Research Foundation Bradley Sullivan, PhD, MD (715) 389-3444
Subcontractor/Principal Investigator	
CDC Project Officer	
CDC Technical Monitor(s)	Charles LeBarron, MD (404) 639-8756
Other CIOs/Agencies Involved	None
Annual Extramural Funding	FY 1998: 107,243
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Children, adolescents
Published Abstracts/Articles	ICAAC Abstract

Title of Project	Comparison of Response to Measles-Mumps-Rubella Vaccination in Children at Age 9, 12 and 15 Months
Category	Research
Objectives and Description	The objective of this project is to compare the response to MMR vaccine given to children at 9, 12 or 15 months of age. It has been demonstrated that: (1) younger mothers have lower levels of antibody to measles than older mothers (born before 1962), due to vaccine induced as opposed to wild measles induced immunity; (2) they pass lower levels of measles antibody to their infants; and (3) their infants respond better to measles vaccination at a younger age. This study measures the feasibility of reducing the primary age for MMR vaccination in a population in which a high proportion of mothers were born after 1962. Currently, infants after being followed for 2 years after vaccination to assess antibody persistence.
Outcomes:	
Contractor/Project Manager	Health Partners Research Foundation James Norden, MD, MPH (612) 883-5087
Subcontractor/Principal Investigator	
CDC Project Officer	
CDC Technical Monitor(s)	Mark Papania, MD, M.P.H. (404) 639-8761
Other CIOs/Agencies Involved	None
Annual Extramural Funding	FY 1992-1997: \$813,046 FY 1998: \$ 33,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Children 9-18 months
Published Abstracts/Articles	Two abstracts on primary response to measles vaccination at 9,12 or 15 months presented at Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC, 1994 and 1995). Manuscript in clearance.

Title of Project	Measles Revaccination
Category	Research
Objectives and Description	Approximately 2-5% of susceptible children fail to respond to primary measles vaccination at age 15 months. This phenomenon, known as primary vaccine failure, is not completely understood. Previously, this project measured response to MMR vaccine in children at age 15 months, and provided revaccination for children with primary vaccine failure to measles vaccine - with serologic testing before and 4-6 weeks after revaccination. Long term follow-up (to age 5 years) to assess antibody persistence in vaccinated children is now being funded in one of the two original study sites.
Outcomes:	
Contractor/Project Manager	Marshfield Medical Research Foundation Bradley Sullivan, PhD, MD (715 389-3444)
Subcontractor/Principal Investigator	
CDC Project Officer	
CDC Technical Monitor(s)	Jessie Wing, MD (404) 639-8230
Other CIOs/Agencies Involved	None
Annual Extramural Funding	FY 1990-97: \$815,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Children 15-18 months
Published Abstracts/Articles	Two abstracts on primary response to measles vaccination and response to MMR vaccine in mildly ill children presented at Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC, 1993 and 1994).

Title of Project	Health Impact of Pertussis Among Adults
Category	Research
Objectives and Description	This study will characterize the health impact of pertussis among adults with cough illness lasting more than 7 days.
Outcomes:	
Contractor/Project Manager	Group Health, Minneapolis, MN
Subcontractor/Principal Investigator	
CDC Project Officer	
CDC Technical Monitor(s)	Peter Strebel, MBChB, MPH (404) 639-8252
Other CIOs/Agencies Involved	None
Annual Extramural Funding	FY 1994: \$520,078
Funding Mechanism	Contract
Project Status	Data analysis and write-up
Special Populations	Adults
Published Abstracts/Articles	Estimated Incidence of Pertussis Among Persons Aged 10-49 Years, Minnesota, 1995-1996. ICAAC 1997 Abstract K-165.

Title of Project	The Effectiveness and Cost-Effectiveness of Provider-Based Immunization Assessments in Managed Care Settings
Category	Quality Assurance
Objectives and Description	Immunization assessment is the process of reviewing vaccination records at individual practices, measuring coverage, identifying deficient practices, and offering feedback to the provider. This methodology has proved to be an effective management tool and has contributed to improvements in vaccination coverage in a variety of public and private provider settings. Its effectiveness and cost-effectiveness in a managed care environment is less well established. For this project, we are field testing immunization assessment methodology at several MCO practice sites to evaluate its feasibility, effectiveness and cost-effectiveness in improving immunization rates. Data collected for immunization assessment will be compared with immunization data collected for the Health Plan Employer Data and Information Set (HEDIS), as well as with administrative (i.e., billing or encounter-form) immunization data. We will also look at the impact of increased provider awareness of charting tracking, and missed immunization opportunities, as a result of immunization assessment, on other childhood prevention services.
Outcomes:	
Contractor/Project Manager	American Association of Health Plans Barbara Lardy, MPH (202) 778-3229
Subcontractor/Principal Investigator	Prudential Center for Health Care Research Carol McPhillips-Tangum, MPH (770) 801-7880
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Rafael Harpaz, MD, MS (404) 639-8224
Other CIOs/Agencies Involved	OHCP
Annual Extramural Funding	FY 1995: \$200,000 FY 1998: \$ 96,631 FY 1999: \$1,102,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	Children
Published Abstracts/Articles	

Title of Project	Surveillance of Rash Illnesses at a Large Managed Care Organization (MCO)
Category	Research
Objectives and Description	This project will determine: (1) the rate of febrile rash in a population(i.e., an AAFP analogue), (2) the usual diagnostic practices for rash illness in managed care setting, (3) the completeness of reporting of rash illnesses by providers in a large MCO, (4) whether administrative data can be used to accurately assess the rate of febrile rash at MCOs with conventional administrative data capabilities, and (5) whether and how administrative data can be used for surveillance of measles and rubella.
Outcomes:	
Contractor/Project Manager	Alliance of Community Health Plans Michelle Tropper, MPH (732) 220-1388, Ext. 17
Subcontractor/Principal Investigator	HealthPartners James Norden, MD (612) 883-5087
CDC Project Officer	Deborah Rogers Mercy (770) 488-8200
CDC Technical Monitor(s)	Rafael Harpaz, MD, MS (404) 639-8230
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$70,000
Funding Mechanism	Contract
Project Status	Ongoing
Special Populations	None
Published Abstracts/Articles	

Title of Project	Immunization Registry Targeted Research Projects: Private Provider Recruitment
Category	Information Systems, Capacity Building
Objectives and Description	In this project, we will attempt to determine how to most effectively secure and maintain the active participation of private providers in an immunization registry.
Outcomes	The results document factors related to successful provider recruitment and retention as well as barriers to provider participation.
External Institution/Principal Investigator	Group Health Cooperative of Puget Sound Robert L. Davis, MD, MPH (206) 287-2943
CDC Project Officer	Jeanne Santoli, MD (404) 639-8807
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$149,632
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Preschool Children
Published Abstracts/Articles	Klebanoff-Hills, Betsy, Group Health Cooperative of Puget Sound: Evaluation of Private Provider Participation in an Immunization Registry, CDC Research Grant Concurrent Session Presentation, April 7, 1998, published in Summary Proceedings, ALL Kids Count Immunization Registry Conference, April 7-8, 1998. p.22.

Title of Project	Immunization Registry Targeted Research Projects: Cost-Effectiveness
Category	Information Systems and Cost-Effectiveness
Objectives and Description	This project will yield a cost/benefit model for the development and maintenance of community-based registries in managed care settings. Both direct and indirect costs will be considered, and a common breakdown structure adopted to assure consistent data collection across organizations. Data will be used to model unit costs per child, as well as to identify areas where additional research is needed.
Outcomes	
External Institution/Principal Investigator	University of California, San Diego John Fontanesi, PhD
CDC Project Officer	Lance Rodewald (404) 639-8208 Robert Deuson (404) 639-8674
Other CIOs/Agencies Involved	
Annual Extramural Funding	FY 1998: \$137,213
Funding Mechanism	Cooperative Agreement
Project Status	Ongoing
Special Populations	Preschool children
Published Abstracts/Articles	

Title of Project	Using HEDIS Criteria to Estimate Population-Based Preschool Immunization Coverage
Category	Research
Objectives and Description	This project will evaluate the effects of using HEDIS immunization criteria to estimate population-based preschool immunization coverage. Existing National Immunization Survey (NIS) data will be analyzed using HEDIS/3.0 criteria for preschool children. The results should: (1) provide a population-based benchmark for Medicaid managed care plans, (2) encourage careful comparison of the similarities and differences between NIS and HEDIS derived data, and (3) stimulate further dialogue on how NIS and HEDIS immunization measures could be better harmonized in future iterations.
Outcomes	
External Institution/Principal Investigator	National Committee for Quality Assurance
CDC Project Officer/Principal Investigator(s):	Edmond Maes (404) 639-8217 Lance Rodewald (404) 639-8208
Other CIOs/Agencies Involved	HCFA, EPO
Annual Extramural Funding	
Funding Mechanism	
Project Status	Ongoing
Special Populations	Preschool children
Published Abstracts/Articles	

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ACRONYMS

AAHP	American Association of Health Plans
ACHP	Alliance of Community Health Plans
AHCPR	Agency for Health Care Policy and Research
ATPM	Association of Teachers of Preventive Medicine
ATSDR	Agency for Toxic Substances and Disease Registry
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CIOs	Centers, Institute and Offices at CDC
CVD	cardiovascular disease
DHHS	Department of Health and Human Services
DPRAM	Division of Prevention Research and Analytic Methods at CDC
EnPOWER	Encouraging Prevention in Older Women
EPO	Epidemiology Program Office at CDC
HEDIS	Health Plan Employer Data and Information Set
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HCFA	Health Care Financing Administration
HRSA	Health Resources and Services Administration
IDEAL	Improving Diabetes care through Empowerment and Active collaboration and Leadership
IRB	Institutional Review Board
JCAHO	Joint Commission for Accreditation of Healthcare Organizations
MMR	Measles, Mumps and Rubella (vaccine)
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion at CDC
NCEH	National Center for Environmental Health at CDC
NCHS	National Center for Health Statistics at CDC
NCHSTP	National Center for HIV, STD and TB Prevention at CDC
NCID	National Center for Infectious Diseases at CDC
NCIPC	National Center for Injury Prevention and Control at CDC
OD	Office of the Director at CDC
OHCP	Office of HealthCare Partnerships at CDC
OMH	DHHS Office of Minority Health
MCO	managed care organization
MMWR	Morbidity and Mortality Weekly Report
NCQA	National Committee for Quality Assurance
NIP	National Immunization Program at CDC
NIH	National Institutes of Health
NIOSH	National Institute for Occupational Safety and Health at CDC
OPTIONS	Outreach Partnerships Towards Implementation of Non-Invasive Screening Trial
PHPPO	Public Health Practice Program Office
SAMHSA	Substance Abuse and Mental Health Services Administration
STD	sexually transmitted diseases
TB	tuberculosis
UCLA	University of California at Los Angeles

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