Welcome!

The (HSR&D) Center for Innovations in Quality, Effectiveness and Safety (IQuESt) is the largest center for health services research in the southwest and has been continuously funded since 1990, providing strong scientific leadership and institutional infrastructure dedicated to a model of embedded health system research. Since 2007, when Dr. Petersen became the Director and Section Chief, the number of funded investigators has grown over 125%, from 17 to 39 core members and there have been 31 academic promotions among core faculty. In the past 23 years, 70 career development awards (CDA) have been funded (seven are current), including two recent HSR Section CDAs. Moreover, total grant funding has more than doubled, with over $16 million in research funding for FY18. We have a nearly 20-year tradition of conducting research in partnership with the health care delivery system and responding to its needs, making us pioneers in the execution of the learning health care system model. The IQuESt mission, "Improving health and well-being through innovations in health care delivery", emphasizes our commitment to transformative and innovative research.

A learning health care system “…is designed to generate and apply the best evidence for the collaborative health care choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care.” Our model for the learning health care system is founded on strong partnerships with clinical and policy stakeholders, implementation of best evidence, and evaluation to ensure a continuous cycle of learning and improvement. You will find IQuESt Investigators embedded within the clinical practice of Baylor St. Luke’s Healthcare system, the Faculty Group Practice, Michael E. DeBakey VA Medical Center, Harris Health System, Texas Children’s Hospital, and many others. We emphasize communication, coordination, and collaboration between clinical staff, communities and patients/families to achieve our goals of quality, effectiveness, and safety and the whole health model. We will continue to grow cross-disciplinary teams of clinician scientists, social scientists, and others who are embedded in the health systems to ensure better understanding of challenges and potential for health care improvement.

IQuESt is ideally poised to contribute to making care more accessible, safer, and more patient-centered with innovative research, rapid implementation of evidence, novel methodologies that match the complexity of problems under study, solid partnerships that are built on decades of work, key stakeholder engagement, career development of future scientists, and infrastructure to promote a learning health care system within Baylor College of Medicine. Please join in a review of our achievements and recognition received during 2018.

Dr. Laura Petersen

Professor of Medicine, Chief, Section of Health Services Research BCM

MEDVAMC Associate Chief of Staff, Research; Director IQuESt
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# Health Services Research Faculty

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<th>Title</th>
<th>Tenure Status</th>
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<tbody>
<tr>
<td>LAURA PETERSEN</td>
<td>Professor (tenured) (Section Chief)</td>
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<td>Primary</td>
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<tr>
<td>AMBER (AMY) AMSPOKER</td>
<td>Assistant Professor (non-tenure track)</td>
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<td>Primary</td>
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<tr>
<td>HODA BADR</td>
<td>Associate Professor (tenured)</td>
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<tr>
<td>ISRAEL CHRISTIE</td>
<td>Instructor</td>
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<tr>
<td>JESSICA DAVILA</td>
<td>Associate Professor (tenured)</td>
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<tr>
<td>TRABER GIARDINA</td>
<td>Assistant Professor (tenure track)</td>
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<tr>
<td>KYLER GODWIN</td>
<td>Assistant Professor (tenure track)</td>
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<tr>
<td>VIVIAN HO</td>
<td>Professor (tenured)</td>
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<tr>
<td>MOLLY HORSTMAN</td>
<td>Assistant Professor (tenure track)</td>
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<tr>
<td>SYLVIA HYSONG</td>
<td>Associate Professor (tenured)</td>
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<td>JENNIFER KRAMER</td>
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<td>LINDSEY MARTIN</td>
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<td>ASHLEY MEYER</td>
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<td>WHITNEY MILLS</td>
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<td>DANIEL MURPHY</td>
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<td>AANAND NAIK</td>
<td>Associate Professor (tenured)</td>
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<td>NANCY PETERSEN</td>
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<td>PETER RICHARDSON</td>
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<td>KATHRYN ROYSE</td>
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<td>SHUBHADA SANSGIRY</td>
<td>Assistant Professor (non-tenure track)</td>
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<td>HARDEEP SINGH</td>
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<td>RICHARD STREET JR</td>
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<td>BARBARA TRAUTNER</td>
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<td>ANNETTE WALDER</td>
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<tr>
<td>DONNA WHITE</td>
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<td>LECHAUNCY WOODARD</td>
<td>Associate Professor (tenured)</td>
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<tr>
<td>MARK KUNIK</td>
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<tr>
<td>JEFF CULLY</td>
<td>Professor (tenured)</td>
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# Key Impacts

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<tr>
<th>Key Impact Label</th>
<th>Description</th>
<th>Publication</th>
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<tr>
<td><strong>Trautner BW, Grigoryan L, Petersen NJ, Hysong S, Cadena J, Patterson JE, Naik AD.</strong> Effectiveness of an Antimicrobial Stewardship Approach for Urinary Catheter-Associated Asymptomatic Bacteriuria. <em>JAMA internal medicine.</em> 2015 Jul 1; 175(7):1120-7.</td>
<td>PMID: 26010222 Overtreatment of asymptomatic bacteriuria (ASB) in patients with urinary catheters remains high. Health care professionals have difficulty differentiating cases of ASB from catheter-associated urinary tract infections. A multifaceted intervention targeting health care professionals who diagnose and treat patients with urinary catheters reduced overtreatment of ASB compared with standard quality improvement methods. These improvements persisted during a low-intensity maintenance period. The impact was more pronounced in long-term care, an emerging domain for antimicrobial stewardship.</td>
<td>Publication</td>
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<tr>
<td><strong>Lindsay JA, Kauth MR, Hudson S, Martin LA, Ramsey DJ, Daily L, Rader J.</strong> Implementation of video telehealth to improve access to evidence-based psychotherapy for posttraumatic stress disorder. <em>Telemedicine journal and e-health : the official journal of the American Telemedicine Association.</em> 2015 Jun 1; 21(6):467-72.</td>
<td>PMID: 25714664 Increasing access to psychotherapy for PTSD is a primary focus of the VA healthcare system. Delivery of treatment via video telehealth can expand availability of treatment and be equally effective as in-person treatment. Development of specific strategies is needed to implement video telehealth services in complex healthcare systems, like the VA. This project conducted at 5 CBOCs was guided by the Promoting Action on Research Implementation in Health Services framework and used external facilitation to increase access to psychotherapy via video telehealth. Findings suggest that external facilitation is an effective and acceptable strategy to support providers as they establish clinics and make complex practice changes, such as implementing video telehealth to deliver psychotherapy</td>
<td>Publication</td>
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Diagnostic errors are major contributors to harmful patient outcomes, yet they remain a relatively understudied and unmeasured area of patient safety. Although they are estimated to affect about 12 million Americans each year in ambulatory care settings alone, both the conceptual and pragmatic scientific foundation for their measurement is underdeveloped. Health care organizations do not have the tools and strategies to measure diagnostic safety and most have not integrated diagnostic error into their existing patient safety programs. Further progress toward reducing diagnostic errors will hinge on our ability to overcome measurement-related challenges. In order to lay a robust groundwork for measurement and monitoring techniques to ensure diagnostic safety, we recently developed a multifaceted framework to advance the science of measuring diagnostic errors (The Safer Dx framework). We posit that the Safer Dx framework can be used by a variety of stakeholders including researchers, clinicians, health care organizations and policymakers, to stimulate both retrospective and more proactive measurement of diagnostic errors. The feedback and learning that would result will help develop subsequent interventions that lead to safer diagnosis, improved value of health care delivery and improved patient outcomes.

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<td>Health information technology (health IT) has potential to improve patient safety but its implementation and use have led to unintended consequences and new safety concerns. A key challenge to improving safety in health IT-enabled healthcare systems is to develop valid, feasible strategies to measure safety concerns at the intersection of health IT and patient safety. In response to the fundamental conceptual and methodological gaps related to both defining and measuring health IT-related patient safety, we propose a new framework, the Health IT Safety (HITS) measurement framework, to provide a conceptual foundation for health IT-related patient safety measurement, monitoring, and improvement. The framework proposes to integrate both retrospective and prospective measurement of HIT safety with an organization’s existing clinical risk management and safety programs. It aims to facilitate organizational learning, comprehensive 360 degree assessment of HIT safety that includes vendor involvement, refinement of measurement tools and strategies, and shared responsibility to identify problems and implement solutions. A long term framework goal is to enable rigorous measurement that helps achieve the safety benefits of health IT in real-world clinical settings.</td>
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<td>Electronic health records (EHRs) have potential to facilitate reliable communication and follow-up of test results. However, limitations in EHR functionality remain, leading practitioners to use workarounds while managing test results. Workarounds can lead to patient safety concerns and signify indications as to how to build better EHR systems that meet provider needs. We conducted a secondary data analysis of quantitative and qualitative data from a national survey of PCPs practicing in the Department of Veterans Affairs (VA) and explored the use of workarounds in test results management. We used multivariate logistic regression analysis to examine the association between key sociotechnical factors that could affect test results follow-up (e.g., both technology-related and those unrelated to technology, such as organizational support for patient notification).</td>
<td>System Improvement</td>
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and workaround use. We conducted a qualitative content analysis of free text survey data to examine reasons for use of workarounds. Workarounds to manage EHR-based test results are common, and their use results from unmet provider information management needs. Future EHRs and the respective work systems around them need to evolve to meet these needs.

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<tr>
<th>Naik AD, Martin LA, Moye J, Karel MJ. Health Values and Treatment Goals of Older, Multimorbid Adults Facing Life-Threatening Illness. Journal of the American Geriatrics Society. 2016 Mar 1; 64(3):625-31.</th>
<th>This publication was cited in The John A. Hartford Foundation Change AGEnts Initiative white paper &quot;Patient-Centered Medical Homes and the Care of Older Adults: How comprehensive care coordination, community connections, and person-directed care can make a difference&quot;. The paper provides a roadmap to guide primary care practices in how to enhance care for older, complex patients and their families.</th>
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<td>Dr. Hardeep Singh co-chaired a work-group under The Office of Patient Care Services (10P4) to revise a previous directive (VHA Directive 2009-019) and to establish new national policy regarding communication of test results to providers and patients. Timely communication of test results is essential to ensuring safe and effective health care. Lack of timely follow-up of abnormal test results has been identified as a contributor to poor outcomes and can be a source of considerable anxiety to patients and families. The Directive cites 11 publications from center members and provides policies and guidance on how to improve timeliness of follow-up of test results and is consistent with VHA's goals of providing Veterans with quality health care. The Directive is now in place at all 150-plus VA facilities and impacting care for millions of veterans.</td>
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<td>VHA Directive 1088</td>
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Explicit Quality Indicator Set for Measurement of Quality of Care in Patients with Cirrhosis

Dr. Fasiha Kanwal's work in cirrhosis quality measure development led to implementation of a performance measure as part of the Centers for Medicare and Medicare Service pay for performance program (HCC screening). This measure was also selected to be part of the GI measure set in AHIP, which is a national association representing nearly 1300 member companies providing health insurance coverage to more than 200 million Americans.

System Improvement


We applied a trigger in a repository hosting EHR data from all Department of Veterans Affairs health-care facilities and analyzed data from seven facilities. Using literature reviews and expert input, we refined previously developed trigger criteria designed to identify patients potentially experiencing delays in diagnostic evaluation of chest imaging flagged as "suspicious for malignancy." The trigger then excluded patients in whom further evaluation was unnecessary (ie, those with terminal illnesses or with already completed biopsies). The criteria were programmed into a computerized algorithm. Reviewers examined a random sample of trigger-positive (ie, patients with trigger-identified delay) and trigger-negative (ie, patients with an abnormal imaging result but no delay) records and confirmed the presence or absence of delay or need for additional tracking (eg, repeat imaging in 6 months). Analysis included calculating the trigger's diagnostic performance (ie, positive predictive value, negative predictive value, sensitivity, specificity). Application of triggers on "big" EHR data may aid in identifying patients experiencing delays in diagnostic evaluation of chest imaging results suspicious for malignancy.

Research Product


85. **Singh H**, Sahlmann B. Next Steps on Measurement and Improvement of Test Result Follow-up. Conference Call. VHA Primary Care Field Advisory Committee Conference Call. 2017 Dec 14.


90. Hou JK, Taylor R, Gonzalez I, El-Serag HB, **Naik A**, Arney J. Patient Experiences with Colorectal Cancer Surveillance (CRC) in Inflammatory Bowel Disease (IBD): A Qualitative Study. Poster. , Las


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<tr>
<th>Method or Product Name</th>
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<tr>
<td>2X2 Functional Health Literacy/Patient Activation Matrix (PI: LeChauncy Woodard)</td>
<td>The Functional Health Literacy/Activation Matrix tool was developed to provide personalized health information to clinicians to improve communication and coordination of self-management at the point of care. Functional Health Literacy (FHL) and Patient Activation levels are directly related to levels of motivation to participate in chronic disease self-management. By classifying veterans into high/low categories for both FHL and Patient Activation, the 2x2 Literacy/Activation Matrix provides a concrete description of a prototypical veteran in each quadrant and suggests corresponding actions and communication strategies for clinicians to uniquely target self-management plans with Veterans. By assessing Veterans’ levels of Functional Health Literacy (FHL) and Patient Activation a priori, providers were able to tailor and personalize their approach to collaborative goal-setting. This personalization helped optimize chronic disease self-management for a costly population of Veterans with treated by uncontrolled Type II Diabetes Mellitus.</td>
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<tr>
<td>AWARE: Alerts, Watch and Response Engine (PI: Hardeep Singh)</td>
<td>Abnormal test results do not always receive timely follow-up, even when providers are notified through electronic health record (EHR)-based alerts. Follow-up to abnormal test results in the outpatient setting is an important safety issue. The Houston Patient Safety team developed and did preliminary usability testing on a prototype software system to detect abnormal test result alerts lacking documented follow-up, and to present context-specific reminders to provider called the Alert Watch And Response Engine (AWARE).</td>
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<td>CAUTI: Catheter Associated Urinary Tract Infection Intervention (PI: Barbara Trautner)</td>
<td>With VA HSR&amp;D funding, we have developed an intervention to encourage guideline compliant practices concerning antibiotic use for urinary tract infections. Specifically we used audit and feedback plus a &quot;fast and frugal&quot; algorithm to substitute incorrect biases towards excessive use of antibiotics for prescribing decisions that were compliant with guidelines.</td>
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<tr>
<td>CBOC Mental Health Grand Rounds Program (PI: Mark Kunik)</td>
<td>The CBOC Mental Health Grand Rounds program is a partnership between the South Central Mental Illness, Research and Clinical Center (SC MIRECC) and Veterans Health Administration (VHA), Employee Education System (EES). Nationally known speakers from the VA and academia are invited to talk about cutting edge topics &amp; evidence-based practices that address the mental health care needs of rural Veterans. The monthly live meetings are made available to CBOCs and parent facilities in VISN 16 through the VA Knowledge Network. Select programs are archived for delayed viewing. The VA EES provides Continuing Education Credits for a number of healthcare disciplines.</td>
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<tr>
<td>CPRS View Alert Notification Checklist (PI: Hardeep Singh)</td>
<td>A Checklist to Improve CPRS ‘View Alert’ Notifications: Recommendations for VA Facility Leadership and Staff was developed by the Houston Patient Safety team and a group of subject matter experts to assist VHA facilities in addressing the complexities involved in managing View Alerts. The Checklist provides facility leaders and staff with actionable, practical recommendations in a checklist-based format to ensure that View Alert notifications remain valuable for patient care.</td>
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<td>Project Title</td>
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<td>CTR Toolkit: Communication of Test Results Toolkit (PI: Hardeep Singh)</td>
<td>The Houston Patient Safety team and a VA Workgroup comprised of subject matter experts developed a toolkit that offers practical guidance for facilities and clinical care teams to meet the requirements of VHA Directive 1088 for timely communication of test results to patients. The objectives of the toolkit are to: 1) describe useful practices, example workflows, and processes necessary to implement a safe, effective, and efficient method of timely outpatient test result communication to providers and patients; and 2) provide recommendations for system-level monitoring of outpatient test result communication to patients, and define the parameters and methodology involved in achieving this. Topics addressed include test result follow-up responsibilities, test result categories, CPRS View Alerts, team-based approaches to facilitate test result follow-up, vulnerable areas including handoffs in care, current methods to notify patients and measurement and reporting of test result notification.</td>
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<td>Customized Peer Facility Groups for VISNs (PI: Laura Petersen)</td>
<td>Dr. Laura Petersen's team created customized peer facility groups for VISNs. These peer facility groups allow Network managers to fairly compare their facilities (often of varying sizes, scopes of service, and missions) to facilities in other Networks. In the past 13 years, 11 VISNs have sought out our team to provide peer facility groups for quality and efficiency comparisons and to help with resource allocation. VISNs 11 and 12 have reported continuous use of the Houston-generated peer groups across their component facilities since 2004.</td>
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<td>EHR Trigger Tool Methodology (PI: Hardeep Singh)</td>
<td>The EHR Trigger Tool Methodology was developed for mining EHR data to detect delays in diagnostic evaluation of cancer. The computerized algorithms and SQL code to mine this data are products of this methodology. This tool is related to the Houston CREATE Project.</td>
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<td>Manualized Motivational Interviewing and Behavioral Health Guides for Chronic Disease Self-Management (PI: Jeff Cully)</td>
<td>A pair of manuals was developed to guide the structure and delivery of a motivational interviewing and behavioral health intervention to improve chronic disease self-management. The manual reviewed by patients guided the content of the group sessions and ensured that materials were easily understood, even for those veterans with limited health literacy. The clinician manual contained the whole of the veteran manual, with specific notations and instructions for leading veterans through the group sessions. Together the manuals provided assurance for successful delivery of and fidelity to the content.</td>
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<td>NLP/Structured Data Element Integration in EHRs (PI: Salim Virani)</td>
<td>Natural Language Processing (NLP) was applied to the problem of ensuring that patients receive evidence-based medication prescribing for cardiovascular disease. The CREATE 4 project developed a method to incorporate NLP with structured data elements from the electronic health record to provide decision support to clinicians at the point of care. The effectiveness of this method in improving care for lipid disease will be tested in new HSRD IIR that will start in FY 17.</td>
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<td>SAFER Guides (PI: Hardeep Singh)</td>
<td>Dr. Singh's Houston Patient Safety Center team worked with researchers at the University of Texas Health Science Center at Houston's School of Biomedical Informatics as well as researchers at the Oregon Health and Science University, the research corporation Westat, and the Office of the National Coordinator for Health Information Technology (ONC), who sponsored the project, to develop self-assessment guides intended to help organizations proactively detect and reduce patient safety risks associated with electronic health records (EHRs). This group collaboratively developed and beta tested guides for nine different areas that contain recommended practices for optimizing the safety and use of EHRs. These guides are freely available nationally and are being increasingly used by both organizations and vendors.</td>
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<td>VA Directive 1088 (PI: Hardeep Singh)</td>
<td>The Houston Patient Safety team worked with The Office of Patient Care Services (10P4) to revise the previous directive (VHA Directive 2009-019) to establish policy regarding communication of test results to providers and patients. VHA is committed to the timely communication of test results, which is essential to ensuring safe and effective health care. Timely communication of test results to patients is essential for high quality patient-centered care. Lack of timely follow-up of abnormal test results has been identified as a contributor to poor outcomes and can be a source of considerable anxiety to patients and families. Patient involvement in test result follow-up is fundamental to improve safety in this area and is consistent with personalized proactive patient-driven care. Patients have a right to access personal health information and expect to be notified of test results in a timely manner. Enhancing timeliness of follow-up of test results is consistent with VHA's goals of providing Veterans with quality health care.</td>
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<td>IDENTIFY: Toolkit for Patient Identification (PI: Hardeep Singh)</td>
<td>A Toolkit for the use of health IT in patient identification designed to improve health IT safety. This toolkit is the result of a multi-stakeholder collaborative workgroup chaired by Dr. Hardeep Singh through the Partnership for Health IT Patient Safety. This is the second set of Safe Practice Recommendations for the use of health IT in patient identification designed to improve health IT safety. IDENTIFY stands for: 1) INCLUDE: electronic fields containing patient identification data should consistently use standard identifier conventions; 2) DETECT: use a confirmation process to help match the patient and the documentation; 3) EVALUATE: use standard attributes and attribute formats in all transactions to improve matching; 4) NORMALIZE: use a standard display of patient attributes across the various systems; 5) TAILOR: include distinguishing information enhancing identification on screens printouts, and those areas that require interventions; 6) INNOVATE: integrate new technologies to facilitate and enhance identification; 7) FOLLOW-UP: implement monitoring systems to readily detect identification errors; 8) YIELD: include high-specificity active alerts and notifications to facilitate proper identification.</td>
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Awards and Honors

1. Amspoker
   a. Journal Editorial Board: Clinical Gerontologist
   b. Journal Editorial Board: Journal of Clinical Psychology in Medical Settings

2. Badr
   a. Co-Leader, Cancer Prevention and Population Sciences Program, Dan L. Duncan Cancer Center
   b. Co-Leader, Cancer Survivorship Disease Oriented Working Group, Dan L Duncan Cancer Center
   c. Core Member, Head and Neck Disease Oriented Working Group, Dan L Duncan Comprehensive Cancer Center
   d. Member, Editorial Board, Journal of Psychosocial Oncology
   e. Member, Scientific Review Group, ZCA1 TCRB-Y (J3) S, Fundamental Mechanisms of Affective and Decisional Processes in Cancer Control
   f. Member, Editorial Board, Journal of Family Psychology
   g. Member, Department of Medicine Appointment and Promotions Committee
   h. Member, Editorial Board, Journal of Psychosocial Oncology
   i. Consulting Editor, Journal of Psychosocial Oncology
   j. Member, Editorial Board, Annals of Behavioral Medicine
   k. Editor, Special Issue, Journal of Psychosocial Oncology, Innovations and Real World Applications of Relationship Research in C
   l. Member, Scientific Review Group NINR ZNR1 REV-M(34) NINR P20 and P30 Centers Meeting Cancer
   m. Member, NCI Subcommittee J – Career Development

3. Bush
   a. Associate Editor, Global Journal of Medicine and Public Health
   b. Assistant Editor, Journal of Vascular Surgery, Venous and Lymphatics
   d. Journal Editorial Board, Women, Identities, and Culture
   e. Journal Editorial Board, Annals of Vascular Surgery
   h. Texas Medical Association, Council on Medical Education
   i. American College of Surgeons, ACS Foundation, Secretary
   j. American College of Surgeons, ACS Foundation Board of Directors
   k. American College of Surgeons, ACS Foundation/ CFR Committee
   l. American Venous Forum, Chair, Education Council
   m. Association of VA Surgeons, Membership Committee
   n. Society for Vascular Surgery, Document Oversight Committee
   o. Vascular and Endovascular Surgery Society, Board of Directors, Foundation for Vascular Innovation
   q. Vascular surgery oral examiner, American Board of Surgery
   r. VA HSR Review Panel, Learning Healthcare Initiative Randomized Program Evaluation
   s. Assistant Editor, Journal of Vascular Surgery: Venous and Lymphatic Disorders
   t. Board of Directors, American Venous Forum
   u. Co-organizer/facilitator, Early Career Venous Specialist Session for American Venous Forum Annual Meeting, Poster session

4. Davila
   a. Member, National VA VIREC Steering Committee
   b. Member, Dan L Duncan Cancer Center
   c. Member, Biostatistician Recruiting Committee, Dan L Duncan Cancer Center
   d. Member, National VA HSR&D Service Working Group on Data Access, Storage, and Analysis
e. Member, BCM Faculty Research and Fellowship Support Committee
f. Member, BCM Faculty Appointments and Promotions Committee
g. Director, BCM Design and Analysis Program, Center for AIDS Research (CFAR) BCM
h. Editorial Board, World Journal of Gastroenterology
i. Editorial Board, World Journal of Clinical Oncology

5. **Godwin**
a. BCM, Master Facilitator, Team Launch
b. Module Leader, Team Launch, Launch Pad Module 3, Applying Teamwork Tools, Part 2: Coaching, Conflict, Capabilities and Conditions
c. BCM, Co-Module Leader, Team Launch, Launch Pad Module 4, Putting it all together!
d. BCM, Department of Medicine, Vice Chair Group for Quality Improvement and Innovation, Evaluation Specialist
e. Co-Director – Advanced Fellows National Curriculum Workgroup, Office of Academic Affiliations, United States Department of Veterans Affairs
f. Co-leader, Team Projects, Healthcare Quality Track, Quality Enhancement Program, Baylor College of Medicine
g. Team Member, Quality Enhancement Program Committee, Baylor College of Medicine
h. Co-Director, VA Quality Scholars Coordinating Center, Center for Innovations in Quality, Effectiveness and Safety (IQuEST), Michael E. DeBakey VA Medical Center
i. Co-Director, Health Professions Education Evaluation and Research Fellowship, Center for Innovations in Quality, Effectiveness and Safety (IQuEST), Michael E. DeBakey VA Medical Center
j. Associate Director, Education Core, Center for Innovations in Quality, Effectiveness and Safety (IQuEST), Michael E. DeBakey VA Medical Center

6. **Horstman**
a. BCM, GME Faculty Workgroup in Continuous Quality Improvement
b. Society of Hospital Medicine, Committee Member, Performance Measurement and Reporting Committee

7. **Hysong**
a. Member, Baylor College of Medicine Liaison Committee on Medical Education
b. Member, Fulbright & Jaworski Faculty Excellence Award Review Committee
c. Subject Matter Expert, U.S. Department of Veterans Affairs Modernization, Functional Review Panel
d. Subject Matter Expert, VHA Physician Burnout Research Summit
e. Associate Director, VA Quality Scholars Coordinating Center
f. VA Scientific Merit Review Board (this is an undersecretary level appointment)
g. Steering Committee Member, International Audit and Feedback Collaborative Meta-Laboratories
h. Executive Advisory Board Member, Career Development Award Enhancement Initiative, Health Services Research and Development
i. Review Panel: Annual Meeting of the Society for Industrial/Organizational Psychology – Program Committee
j. National Scientific Review Panel: Department of Veterans Affairs Health Services Research and Development Scientific Merit Review Board – member
k. Subject Matter Expert, VA Pay-for-Performance Initiative
l. Steering Committee Member, International Audit and Feedback Meta-Laboratories
m. Norton Rose Fulbright Faculty Excellence Award – Educational Leadership

8. **Martin**
a. HSR&D Veteran Engagement Workgroup (national workgroup), Department of Veterans Affairs

9. **Meyer**
a. Co-Chair The Society to Improve Diagnosis in Medicine’s Research Committee

10. **Mills**
a. Member – National Advisory Panel, Suicide Awareness in Veterans Exiting Community Living Centers, Department of Veterans Affairs
b. Member – VA Decision Making Capacity Education Planning Group (national workgroup for VA Dementia Steering Committee) Department of Veterans Affairs

c. Member, Policy Committee, Development Committee, Pioneer Network

d. Member – Assessing Stage of Dementia and Decision-Making Capacity Workgroup Department of Veterans Affairs

e. Member, Suicide Awareness in Veterans Exiting Community Living Centers National Advisory Panel, Department of Veterans Affairs

f. Lead, Community Living Center Research Interest Group, Department of Veterans Affairs

g. Member, Caring for Veterans with Serious Mental Illness in CLCs, Department of Veterans Affairs

h. Member, Public Policy Committee, Development Committee, Pioneer Network

i. Member, Houston Alliance to Address Dementia Leadership Council, Sheltering Arms Senior Services Division, Neighborhood Centers Inc.

j. Member Leadership Council Evaluation Work Group, Direct Care Worker of the Year Award Committee, Care for Elders

11. Murphy

a. Medical Director, General Internal Medicine at Baylor Clinic

b. Member, BCM Faculty Group Practice (FGP) Patient Quality & Safety Committee

c. Director, Baylor St. Luke’s Medical Group Board of Directors

d. Member, BCM Department of Medicine Quality Improvement and Innovations Vice Chair Group

e. Member, BCM Faculty Group Practice (FGP) Business Intelligence Committee

f. Member, BCM Faculty Group Practice (FGP) Pharmaceutical & Therapeutics (P & T) Committee

g. Baylor College of Medicine Quality Improvement and Patient Safety, abstract review

12. Naik

a. Associate Editor & Editorial Board Member: Clinical Gerontology

b. Standing member, Patient-Centered Outcomes Research Institute (PCORI)

c. Member, Association of Specialty Professors (ASP)

d. BCM, Longitudinal Ambulatory Care Education (LACE) Steering Committee

e. BCM Faculty Committee on Medical Student Curriculum Standing Committee Member

f. BCM Faculty Standing Committee on Research Member

g. Texas Medical Center Health Policy Institute

h. Vice Chair of Quality Improvement and Innovations, Alkek Department of Medicine, Baylor College of Medicine

i. Director, Coordinating Center for VA Quality Scholars Program

13. Petersen, Laura

a. Associate Chief of Staff for Research, Michael E. DeBakey VA Medical Center

b. Chair, Internal Advisory Committee, CPRIT Training Program, “Cancer Prevention Post-Graduate Training Program in Integrative Epidemiology

c. Member, McNair Campus Steering Committee BCM Clinical Research Work Group

d. Member, Boston/Bedford CHOIR VA HSR&D Center of Innovations Steering Committee

e. Member, MEDVAMC Dean’s Committee (renamed Joint Executive Management Council in 2017)

f. Member, MEDVAMC Quality, Safety, and Value (QSV) Board

g. Member, Clinical Executive Board, MEDVAMC

h. Member, Texas Medical Center Strategic Planning Initiative Steering Committee

i. Member, Texas Medical Center Council of Research Directors

j. Co-Chair, Texas Medical Center Clinical Research Design Team

k. Health Policy Scholar, Center for Medical Ethics and Health Policy, BCM

l. Member, Texas Medical Center Women’s Leadership Council

m. Chief, Health Services Research Section, Department of Medicine, Baylor College of Medicine

n. VA HSR&D Quality Enhancement Research Initiative (QUERI) Strategic Advisory (formerly Research and Methodology) Committee

o. Member, Association of Specialty Professors (ASP)

p. Member, Executive Council, MEDVAMC
q. Member, Texas Medical Center Health Policy Institute
r. Leader, MEDVAMC Research Value Stream
s. Member, BCM Strategic Planning Advisory Committee
t. Member, Greater Houston Healthconnect (GHH) Research Committee
w. Fellow, American College of Physicians
x. Elected Member, American Clinical and Climatological Association (ACCA)
y. Elected Member, Association of American Physicians (AAP)
z. Member, Selection Committee, 2018 Research Rehabilitation & Development (RR&D) Paul B. Magnuson Award
aa. Member, BCM Department of Medicine Vice Chair for Research Committee
bb. Member, Selection Committee, Senior Investigator of the Year Award, Society of General Internal Medicine, 2008 Annual Meeting; 2017 Annual Meeting; 2018 Annual Meeting
c. Member, Los Angeles Center for the Study of Healthcare Innovation, Implementation, and Policy (CISHIP) VA HSR&D Center of Innovations Steering Committee
d. Member, Performance Measurement Committee of the American College of Physicians
e. VA Under Secretary’ Award for Outstanding Achievement in Health Services Research, 2018

14. Petersen, Nancy
   a. Chair, American Statistical Association, Committee on Membership Recruitment and Retention
   b. Member of abstract selection committee for American Heart Association
   c. Reviewer for HSRD/QUERI National Conference
   d. Member of abstract selection committee for American Heart Association

15. Sansgiry
   a. Editorial Board Member, Journal of Pharmaceutical Analytics and Insights
   b. Member, Research & Development Committee, Veterans Affairs Medical Center

16. Singh
   a. Member, VA Field Research Advisory Committee (FRAC)
   b. Appointed to the Harris County Medical Society (HCMS) Health Information Technology (HIT) Committee
   c. Nominated Member, National Quality Forum Improving Diagnostic Accuracy Committee
   d. Co-Chair, National Quality Forum Committee for Identification and Prioritization of HIT Patient Safety Measures
   e. Member, Editorial Board, International Journal for Quality in Health Care
   f. Associate Editor, Diagnosis
   g. Co-Chair, Closing the Referral Loop Expert Panel, National Patient Safety, Foundation – Institute for Healthcare Improvement, Boston, MA
   h. Patient Safety Expert of the Year 2017 – Texas award, Corporate Vision Magazine
   i. HHS Appointed Member, Clinical Laboratory Improvement Advisory Committee (CLIAC)
   j. Lead Research Consultant, VHA EPRP Measurement of Communication of Test Results
   k. Initiative
   l. International Journal for Quality in Health Care, Editorial Committee Board
   m. Steering Committee Member, Center for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, NHMRC Partnership Project: Delivering Safe and Effective Test Result Communication, Management and Follow-Up
   n. Editorial Advisory Board, The Joint Commission Journal on Quality and Patient Safety
   o. International Review Panel for India Alliance Fellowship, The Wellcome Trust/DBT India Alliance

17. Trautner
   a. Ben and Margaret Love Foundation Bobby Alford Award for Academic Clinical Professionalism, BCM, Director of Clinical Research, Department of Surgery, BCM
   b. Data Monitoring Committee member for VA Cooperative Studies Program #2004 "Microbiota or
Placebo after Antimicrobial Therapy for Recurrent C. difficile at Home”
c. Invited member of SHEA Public Policy and Government Affairs Committee
d. Chair of Review Panel for 2017 Healthcare Innovations Seed Grants, Department of Medicine
e. Member, Antimicrobial Stewardship Executive Committee, Houston Health Department
f. Norton Rose Fulbright Faculty Excellence Award, Enduring Educational Materials
g. Editorial Board Member, Journal of Surgical Research
h. NIH NIDDK ZRG1 DKUS-R 90 study section (urology)

18. White
a. American Public Health Association, Epidemiology Section, National Research Meeting (Abstract reviewer)
b. Texas Medical Center Digestive Diseases Center (DDC) at Baylor College of Medicine, Member (elected), NIDDK P30 site
c. Dan L. Duncan Cancer Center at Baylor College of Medicine, Member (elected), NCI P30 site
d. Center Translational Research in Inflammatory Disease (CTRID) at the Michael E. DeBakey VA Medical Center, Associate Member (elected)
e. BMC Gastroenterology (Ad hoc reviewer)
f. Grant Reviewer, Pilot Research Grants, Dept. of Surgery, Michael E. DeBakey VA

19. Woodard
a. Elected BCM, Faculty Senate Secretary
b. BCM, Academic Council Representative
c. Deputy Editor, Journal of General Internal Medicine
<table>
<thead>
<tr>
<th>Agency ID</th>
<th>Project Title</th>
<th>HSR Investigator</th>
<th>Source</th>
<th>Total Funds</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>CDA 13-264</td>
<td>Integration of Peer Support Across the PTSD Continuum of Care</td>
<td>N. E. Hundt PhD - Awardee, Houston</td>
<td>HSR&amp;D</td>
<td>$269,100</td>
<td>10/1/2015</td>
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<td>CIN 13-413</td>
<td>Center for Innovations in Quality, Effectiveness and Safety (IQuEST)</td>
<td>L. A. Petersen MD MPH - Center Director, Houston</td>
<td>HSR&amp;D</td>
<td>$2,166,300</td>
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<tr>
<td>CRE 12-033</td>
<td>Automated Point-of-Care Surveillance of Outpatient Delays in Cancer Diagnosis</td>
<td>H. Singh MD MPH - PI, Houston G. J. Chen PhD MD MPH - Co-Investigator, Houston A. Meyer PhD - Co-Investigator, Houston D. Murphy MD - Co-Investigator, Houston M. W. Smith PhD - Co-Investigator, Houston N. J. Petersen PhD - Biostatistician, Houston</td>
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<td>$1,025,600</td>
<td>6/1/2013</td>
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<td>CRE 12-035</td>
<td>Identifying and Delivering Point-of-care Information to Improve Care Coordination</td>
<td>L. A. Petersen MD MPH - PI, Houston S. J. Hysong PhD MA BA - Co-PI, Houston A. Amspeker PhD - Biostatistician, Houston</td>
<td>HSR&amp;D</td>
<td>$864,672</td>
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<td>CRE 12-310</td>
<td>Adapting and Implementing the Blended Collaborative Care Model in CBOCs</td>
<td>N. J. Petersen PhD - Co-Investigator, Houston</td>
<td>HSR&amp;D</td>
<td>$7,952</td>
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<td>CRE 12-314</td>
<td>A Computer-Assisted Cognitive Behavioral Therapy Tool to Enhance Fidelity in CBO</td>
<td>M. Kauth PhD - Co-Investigator, Houston J. A. Lindsay PhD - Co-Investigator, Houston</td>
<td>HSR&amp;D</td>
<td>$62,582</td>
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<td>Co-Investigator(s)</td>
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<td>CRE 12-426</td>
<td>Point-of-care health literacy and activation information to improve diabetes care</td>
<td>L. D. Woodard MD MPH - PI, Houston N. E. Hundt PhD - Co-Investigator, Houston A. D. Naik MD BA - Co-Investigator, Houston R. Street PhD MA - Co-Investigator, Houston A. Amspoker PhD - Biostatistician, Houston</td>
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<td>HSR&amp;D</td>
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<td>IIR 12-383</td>
<td>Linking Clinician Interaction and Coordination to Clinical Performance in VA PACT</td>
<td>S. J. Hysong PhD MA BA - PI, Houston A. D. Naik MD BA - Co-Investigator, Houston L. D. Woodard MD MPH - Co-Investigator, Houston A. Amspoker PhD - Biostatistician, Houston</td>
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<td>IIR 12-395</td>
<td>Identifying and Reducing Catheter-Related Complications</td>
<td>B. Trautner MD - Co-Investigator, Houston</td>
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<td>$329,975</td>
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<td>IIR 14-101</td>
<td>A multi-level intervention to improve cancer care for hepatocellular carcinoma</td>
<td>J. Davila PhD MS BS - PI, Houston T. P. Giordano MD MPH - Co-Investigator, Houston F. Kanwal MBBS MD - Co-Investigator, Houston L. Martin PhD - Co-Investigator, Houston A. D. Naik MD BA - Co-Investigator, Houston S. Sansgiry PhD - Co-Investigator, Houston P. A. Richardson PhD MS BA - Biostatistician, Houston</td>
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<td>IIR 15-085</td>
<td>Alignment of Treatment Preferences and Repair Type for Veterans with AAA</td>
<td>P. Kougias MD MSc - Co-Investigator, Houston</td>
<td>HSR&amp;D</td>
<td>$3,216</td>
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<td>IIR 16-072</td>
<td>Determining and targeting reasons for low statin use to improve guideline-concordant statin therapy in high-risk patients</td>
<td>S. Virani MD - PI, Houston</td>
<td>HSR&amp;D</td>
<td>$38,309</td>
<td>7/1/2017</td>
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<td>NRI 12-415</td>
<td>Telephone Assessment and Skill-Building Intervention for Informal Caregivers</td>
<td>J. A. Anderson PhD NP - Co-Investigator, Houston K. Godwin PhD MPH BS - Consultant, Houston</td>
<td>HSR&amp;D</td>
<td>$186,528</td>
<td>10/1/2012</td>
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<td>PPO 16-106</td>
<td>Brief Psychotherapy for Depression in Primary Care: Identifying Successful Clinical Practices</td>
<td>J. Cully PhD MEd - Co-Investigator, Houston S. Sansgiry PhD - Co-Investigator, Houston</td>
<td>HSR&amp;D</td>
<td>$4,516</td>
<td>7/1/2017</td>
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<td>TPP 97-004</td>
<td>Training Program for Fellows (post Ph.D.s) at Houston COIN</td>
<td>L. A. Petersen MD MPH - Director, Houston</td>
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<td>$47,558</td>
<td>10/1/1996</td>
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<td>TPR 06-101</td>
<td>Post Resident Training Program</td>
<td>L. A. Petersen MD MPH - Director, Houston</td>
<td>HSR&amp;D</td>
<td>$28,382</td>
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<td>USA 14-274</td>
<td>Presidential Early Career Award for Scientists and Engineers</td>
<td>H. Singh MD MPH - Awardee, Houston</td>
<td>HSR&amp;D</td>
<td>$75,000</td>
<td>1/1/2014</td>
<td>12/31/2018</td>
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<td>XXX XX-XXX</td>
<td>ADMINISTRATIVE AND TRAVEL REIMBURSEMENTS - Field Based Science Advisors (FBSAs)</td>
<td>L. A. Petersen MD MPH - Center Director, Houston A. MC - Co-Investigator, Reno</td>
<td>HSR&amp;D</td>
<td>$24,432</td>
<td>1/1/2000</td>
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<td>RSG 15-058</td>
<td>Psychosocial Intervention for Advanced Lung Cancer Patients and Caregivers</td>
<td>H. Badr, PhD - Principal Investigator, Houston</td>
<td>ACS</td>
<td>$792,000</td>
<td>7/1/2105</td>
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<td>CA 187143</td>
<td>A Psychosocial Intervention for the Caregivers of Advanced Lung Cancer Patients</td>
<td>H. Badr, PhD - Principal Investigator, Houston</td>
<td>NIH R01</td>
<td>$2,473,983</td>
<td>9/1/2014</td>
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<td>XXX XX-XXX</td>
<td>Using Implementation Science to Guide Survivorship Care Planning Efforts</td>
<td>H. Badr, PhD - Principal Investigator, Houston</td>
<td>DDCC</td>
<td>$50,000</td>
<td>6/1/2018</td>
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<td>QIS 18-201</td>
<td>Leading Healthcare Improvement: Leadership Training for Applying Improvement Strategies, start-up funding</td>
<td>K. Godwin, PhD - Principal Investigator, Houston</td>
<td>QUERI</td>
<td>$56,275</td>
<td>6/1/2018</td>
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<td>17MCPRP3 3390011</td>
<td>Optimizing Patient-Initiated Post-Discharge Care for Patients with Heart Failure</td>
<td>M. Horstman, MD - Principal Investigator, Houston</td>
<td>AHA</td>
<td>$70,000</td>
<td>1/1/2017</td>
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<td>XXX XX-XXX</td>
<td>Patient Priorities Care Pilot Study</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
<td>VA GEC</td>
<td>$100,000</td>
<td>10/1/2017</td>
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<td>XXX XX-XXX</td>
<td>Integrating Patient Priorities Care and Social Work Case Management</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
<td>VA ORH OSW</td>
<td>$230,000</td>
<td>10/1/2017</td>
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<td>XXX XX-XXX</td>
<td>Coordinating Center for the VA Quality Scholars Program</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
<td>VA OAA</td>
<td>$345,000</td>
<td>7/1/2014</td>
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<td>HX 16-075</td>
<td>Patient Centered Approach to Advanced Liver Disease</td>
<td>F. Kanwal, MD - Co-Principal Investigator, Houston; A. Naik, MD - Co-Principal Investigator, Houston</td>
<td>HSR&amp;D</td>
<td>$980,000</td>
<td>5/1/2018</td>
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<td>CRE 12-426</td>
<td>Point-of-care health literacy and activation information to improve diabetes care</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
<td>VA CREATE</td>
<td>$273,700</td>
<td>3/1/2014</td>
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<td>XXX XX-XXX</td>
<td>Primary Specialty Care Redesign (Carealign) Implementation</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
<td>Hartford Foundation</td>
<td>$108,806</td>
<td>1/1/2015</td>
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<td>IK2RX001241</td>
<td>Improving Veteran Transitions from VA Community living Centers to the Community</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
<td>VA CDA</td>
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<td>7/1/2014</td>
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<td>XXX XX-XXX</td>
<td>VA Advanced Fellowships in HSR</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
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<td>XXX XX-XXX</td>
<td>Houston BD-STEP program</td>
<td>A. Naik, MD - Principal Investigator, Houston</td>
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<td>HX 17-066</td>
<td>Comparative Effectiveness of Alternative Strategies for Monitoring Hospital Surgical Performance</td>
<td>N. Massarweh MD – Principal Investigator; L. Petersen, MD, MPH - Co-Investigator; P. Richardson, PhD - Co-Investigator</td>
<td>HSR&amp;D</td>
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<td>HX 16-072</td>
<td>Determining and targeting reasons for low statin use to improve guideline-concordant statin therapy in high-risk patients</td>
<td>S. Virani, MD, PhD</td>
<td>L. Martin, PhD, L. Petersen, MD, P. Richardson, PhD, R. Street, PhD</td>
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<td>$1,097,703</td>
<td>7/1/2017</td>
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<td>HX 15-438</td>
<td>Improving the Measurement of VA Facility Performance to Foster a Learning Healthcare System</td>
<td>L. Petersen, MD, MPH</td>
<td>S. Hysong, PhD</td>
<td>HSR&amp;D</td>
<td>$1,099,174</td>
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<td>HX-16-025</td>
<td>Less is More: Improving Antimicrobial Stewardship for Asymptomatic Bacteriuria</td>
<td>B. Trautner, MD, PhD</td>
<td>L. Petersen, MD, MPH, S. Hysong, PhD, B. Trautner, MD, PhD</td>
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<td>$1,095,924</td>
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<td>R01</td>
<td>Optimizing Alphafetoprotein as a Biomarker for Detecting Hepatocellular Carcinoma</td>
<td>J. Davila PhD, MS BS</td>
<td>J. Davila PhD, MS BS</td>
<td>NIH NCI R01</td>
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<td>National Cancer Institute/Department of Veterans Affairs Big Data Fellowship in Cancer Research</td>
<td>J. Davila PhD, MS BS</td>
<td>J. Davila PhD, MS BS</td>
<td>NCI/VA</td>
<td>$40,000</td>
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<td>XXX XX-XXX</td>
<td>QUERI-OAA Centers of Excellence in Primary Care Training Program: Participant Survey</td>
<td>J. Davila PhD, MS BS</td>
<td>J. Davila PhD, MS BS</td>
<td>VA QUERI OAA</td>
<td>$50,000</td>
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<td>XXX XX-XXX</td>
<td>Effectiveness of Zepatier™ (elbasvir (EBR)/grazoprevir (GZR)) co-administered with Ribavirin (RBV) treatment for 16 weeks duration in chronic hepatitis C virus (HCV) genotype 1a (GT1a)-infected patients with selected baseline NS5A resistance associated substitutions: A retrospective observational analysis of the US Veterans Health Administration (VHA) National Data</td>
<td>J. Kramer, PhD</td>
<td>J. Kramer, PhD</td>
<td>Merck &amp; Co</td>
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