



Mid-Atlantic Permanente Research Institute

2011 MAPRI ANNUAL REPORT ***...with an eye to 2012***

April 1, 2012

Dear Colleagues,

I trust that you will find this report informative and indicative of the success of our highly productive, scientifically thoughtful, and strategic program.

Thank you.

Respectfully Submitted,

A handwritten signature in black ink that reads 'Michael A. Horberg'.

Michael Horberg, MD MAS FACP FIDSA
Executive Director Research, MAPMG

A handwritten signature in black ink that reads 'Jaewon Ryu'.

Jaewon Ryu, MD JD
Associate Medical Director Emergency Care Management, Research & Government Relations,
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Executive Summary

The Mid-Atlantic Permanente Research Institute (MAPRI) of MAPMG, in collaboration with KPMAS, had a transformative year in 2011 with tremendous development and growth. MAPRI is the research core for MAPMG and KPMAS, performing high quality research for a world class medical care program. We increased our capacity and production in areas of health services and disparities research, research data capacity and health informatics research, clinically and research relevant registries, oncology epidemiology, and clinical trials. Since January, 2011, we have published and presented 11 manuscripts and abstracts as first author, and an additional 23 as co-authors. Please see Appendix A for a complete list of manuscripts and abstracts submitted, accepted, and published/presented in 2011 for MAPRI. We presently have 46 active studies.

MAPRI is expanding and further developing our clinical trials program for KPMAS. Many clinical trials are needed for our members to have access to the highest quality healthcare, as well as the knowledge gained for medicine generally. With the Affordable Care Act (healthcare reform), we anticipate expanded access to clinical trials. To meet that capacity, our program capacity grew in 2011 to six clinical research nurses, two research assistants, and extensive administrative support. We increased the number of clinical trials we offer our members, including new membership in National Cancer Institute sponsored cancer clinical trials collaborative. We have ongoing trials in the areas of hepatitis C, heart failure, and oncology. Please see Appendix B for the clinical trials MAPRI managed in 2011.

This past year we developed new mission and vision statements to better reflect our commitments to MAPMG clinical research, serve the needs of our clinicians and our members, and a continued emphasis on ethical and compliant research. To best achieve this vision, MAPMG and MAPRI hired three new research scientists (in the areas of health disparities, health services and policy, and oncology epidemiology), and anticipate programmatic expansion in the areas of women's health, cardiovascular (heart failure), and health systems research. We expanded these and other established research programs, as well as increasing our grants and studies administration capacity, which further helps our program's development.

In 2011, MAPRI increased its collaborations with research entities outside of KP, including being accepted as member of HMO Research Network and an active member of Cancer Research Network. We also increased our interregional research collaborations, including the Center for Effectiveness and Safety Research. Within our region, MAPRI created the Clinician Research Committee, to greatly facilitate clinician initiated research studies. We also assisted resident and KPMAS-employee initiated research. MAPRI staff development and growth is critical to increased capacity to ensure these successful collaborations and clinician researcher satisfaction.

MAPRI is grateful to the internal and external funding received in order to achieve all of these accomplishments this past year. We are especially grateful to KPMAS Community Benefits Program (CB) for its ongoing support, as well as MAPMG support. External support (NIH, CESR, and other institutions) also helped us achieve our goals for 2011.

In 2012, MAPRI anticipates continued deliberate and strategic growth. We look forward to continued internal and external financial support. We will continue to honor our mission to address the clinical, health policy, and service questions perplexing MAPMG providers, our medical program, and the healthcare system, through which we aim to improve the care experience of our patients and communities we serve.

Introduction

Mid-Atlantic Permanente Medical Group, along with its partners from Kaiser Foundation Health Plan Mid-Atlantic, continued to build on its commitment to expand research activities in the region, through the increased development of the Mid-Atlantic Permanente Research Institute (MAPRI), the research arm of MAPMG and KPMAS. MAPRI had outstanding growth in 2011, including an increase in number of research scientists to five, new areas of research emphasis, growth in its clinical trials and administrative staff, as well as continued development of its research resources, including the research data warehouse. Support for our program comes from a variety of external and internal sources, to which MAPRI expresses its gratitude.

This report serves as an annual update on what we have accomplished in 2011, both generally and project-wise, as well as our path forward.

1. Development

Growth in MAPRI helps develop research throughout KPMAS and KP nationally. Our patient demographics, regional importance, and quality service and outcomes make us an ideal research leader and partner. We have made significant strides in 2011 in the areas of development capacity and collaborations. We would specifically note the following areas of development in 2011:

Personnel—Quality research requires quality staff, including scientists, data analysts, research nurses and clinical assistants, and administrative support. Each of these personnel is playing an essential role in the development of MAPRI research and dissemination of our growing research results. In 2011, MAPRI strategically increased its personnel, recognizing areas needed for thoughtful development, including project support, data analytical capacity, and administrative oversight, including contracts and grants administration. We hired research scientists to develop research programs in health services and policy, health disparities, infectious diseases, and oncology epidemiology. *We anticipate continued personnel development in 2012, including an expansion of health services research and the development of research programs in cardiovascular disease (heart failure) and women's health.*

Data Capacity and Capability—Through local CB and program office CESR (KP's Center for Effectiveness and Safety Research) funding, along with ongoing support from MAPMG, our development of a virtual and research data "warehouse", necessary for full participation in CESR and HMO Research Network (HMORN), has proceeded ahead of schedule and is already enabling us to improve our analytic output and increasing our ability to collaborate on a broader range of research engagements. These efforts, with Christine Bredfeldt, PhD, as Principal Investigator, demonstrate a strong collaboration between MAPRI and KPMAS Information Technology (KP IT, project lead Lela McFarland). Through this effort, we have achieved membership in HMORN and Cancer Research Network (CRN), and anticipate membership in NA-ACCORD in 2012 (see "HIV/AIDS"). Further, we are active contributors to KP CESR-sponsored studies (with results that will improve general medical knowledge in comparative effectiveness and safety) and FDA-sponsored "Mini-Sentinel" drug safety research. Through our data warehouse growth, we anticipate greater registry development, including a tumor registry, which also will accelerate our contributions to medical knowledge. *We anticipate further maturation of the data warehouses in 2012, enabling even greater research capacity.*

Collaborations—We are now members of the National Surgical Adjuvant Breast and Bowel Project (NSABP) for increasing our access to quality clinical trials, and to the HMO Research Network. We also are very active members of KP's CESR research program. *We anticipate growing participation in CRN, NA-ACCORD, and other multi-site research programs in 2012; many of which MAPRI will lead.* We are eagerly pursuing collaborations with local safety net providers to further our research and knowledge dissemination capacities, including Whitman-Walker Clinic in DC. Of course, collaborations with the NIH, FDA, and our academic partners are being pursued as well.

- **HMO Research Network (HMORN)**—In 2011, MAPRI successfully applied for and received membership in the HMORN. Through the HMORN, we collaboratively work with other

integrated healthcare systems to explore research topics of mutual interest (like the Cancer Research Network) and more efficiently generate medical knowledge with application to the whole American population. CESR and the virtual data warehouse have direct links and origins within HMORN.

Clinician Research Committee (CRC)—Recognizing the need to help facilitate clinician-initiated research, MAPRI helped form the MAPMG CRC to help promote clinician-initiated research projects, facilitate the research process for clinicians, and help MAPRI achieve its mission of addressing the research issues perplexing our clinicians. The committee is composed of clinician researchers from each service area, and is aiming to represent as many disciplines as possible. *The goal is for each CRC member to be developing a study by the end of 2012; many already have done so.*

With continued internal and external financial support, MAPRI will be able to demonstrate continued results that will lead to greater medical scholarship, improved clinician-initiated research, and improvement in the health of our communities.

2. Disseminating New Medical Knowledge

MAPRI has renewed emphasis on research scholarship from its scientists and clinician research partners. Since January, 2011, we have published and presented 11 manuscripts and abstracts as first author and an additional 23 as co-authors. Further, 9 publications and abstracts are either in press or submitted for acceptance. Please see Appendix A for a complete list of manuscripts and abstracts submitted, accepted, and published/presented in 2011 for MAPRI. *MAPRI research scientists already have many abstracts and manuscripts submitted for 2012 presentation and publication, and as a result, we anticipate 2012 to yield even more publications than 2011.*

In addition, MAPRI scientists have been invited to deliver lectures at the following conferences in 2011: HMO Research Network (HMORN) Annual Conference, HMORN VDW Meeting, Infectious Diseases Society of America Annual Meeting, International AIDS Society Scientific Conference, IAPAC/NIMH HIV Treatment Adherence Conference, NIMH National Advisory Mental Health Council (NAMHC) meeting, and the Society of Clinical Research Associates National Capitol Area Chapter Meeting.

This growing body of scholarship and recognition of leadership is evidence of the successful use of KP and external funding for MAPRI research development.

3. Increasing Medical Knowledge

MAPRI research is helping lead to new scientific findings in a variety of areas. In addition, our research and registry development facilitates research and improved clinical operations and KP decision making in a variety of relevant content areas. The following provides an overview of these topics that are areas of emphasis for MAPRI:

Health Disparities— This research is focused on the evaluation and enhancement of health promotion interventions. In addition, we are studying interventions that focus on reducing health disparities with a strong emphasis on communication of health information during the course of care and health literacy and access to quality care. Most of this work is being led by Bridget Gaglio, PhD, in collaboration with various departments in KPMA, including the diversity program, as well as outside partners including Georgetown University and KP Colorado. This work was further enhanced by MAPRI collaborations with our Latino Center for Excellence (Asthma Study). *We are anticipating research in health literacy, smoking cessation, and other disparities areas in 2012.*

Health Informatics—This research has developed from the need to better support CESR-related research and the growing benefits of KP HealthConnect and its related tools (including kp.org). Christine Bredfeldt, PhD, is leading the development of MAPRI's Research Data Warehouse (for more

streamlined data analysis for all MAPRI research projects), as well as the Virtual Data Warehouse (to help support KP CESR-related research and other interregional efforts). In addition, Dr. Bredfeldt also leads a multi-site effort through the CESR mechanism to develop a patient portal that integrates patient-reported outcomes into the electronic health record. Other research projects included federally-supported Mini-Sentinel (safety research), as well as other CESR-sponsored research. The health informatics work is further enhanced by collaborations with our KP IT departments and with collaborations among other KP regions and the HMO Research Network. *In the coming year, we anticipate research in CESR and HMORN related research (including “virtual data warehouse” and FDA Mini-Sentinel), as well as continuing development of the research data warehouse.*

Health Services and Health Policy—This research is particularly interested in outcomes for potentially vulnerable populations, including patients with mental illness, other chronic conditions, and lower socioeconomic status, including dual-eligible populations. Vicki Fung, PhD, is the principal investigator of a study funded by the National Institute of Mental Health to examine the impact of Medicare Part D drug benefits on antipsychotic drug use and clinical outcomes. Dr. Fung is also a co-investigator on a multisite study focused on comparative effectiveness research in asthma and lung diseases funded by the Agency for Healthcare Research and Quality. In addition, Dr. Fung is leading research in collaboration with KP Northern California, and now working with other departments within KPMAS to better understand the health service needs of our local population. *In 2012, we look forward to greater health policy research, and the development of a comparative health systems research program, which has been identified as a priority by the National Research Committee.*

Oncology:

a) Oncology Clinical Trials—Along with clinical leadership from Drs. Leon Hwang and Poornima Pandellapalli, MAPRI manages a number of oncology clinical trials in the region, all of which are federally funded by the National Cancer Institute (NCI) of the NIH. In 2011, MAPRI successfully obtained membership in the NSABP project with NCI. MAPRI engages in various research protocols and contribute data and information to this international endeavor. Further knowledge gained from these research projects will help determine improved cancer care for the KP membership and general public impacted by these malignancies. *We anticipate more clinical trials and greater member participation this coming year.*

b) Oncology Epidemiology—This research area focuses on the epidemiology of cancer in the community, as well as survivorship from cancer and its treatments (and the challenges associated with cancer survival). Critical to this area of research will be development of the MAPRI Tumor Registry for the Research Data Warehouse, expected to be operational in 2012. This research development also will be necessary for continued full participation in CESR related oncology research, as well as the HMORN Cancer Research Network (CRN), of which we now can be a fully participating member. Along with our oncology clinical trials program, MAPRI will greatly contribute to the growing need for population-based knowledge of cancers, their prevention, treatment, and long-term outcomes and effects. These efforts are being led by Chu-Ling Yu, PhD., with collaboration from cancer reporting services in KPMAS. *We look forward to full participation in the CRN, and full implementation of the MAPRI Tumor Registry in 2012.*

Other Chronic Disease-Specific Research:

a) HIV/AIDS—This research focuses on health service outcomes for HIV-infected patients (including HIV quality measures and care improvement, and determination of optimal multidisciplinary HIV care), medication adherence issues in these patients, and epidemiology of the disease. The registry produced clinically timely reports for our HIV providers. Research collaborations are ongoing with other KP regions. In addition, we are developing active collaborations with many non-KP research organizations. We expect to join and contribute to the NIH-sponsored North American HIV Observational Cohort Collaboration (NA-ACCORD) in 2012. Funding for this research area comes from a variety of federal, other external, and internal sources. This program is being led by Michael Horberg, MD, with collaborations among the regional HIV leadership. *In 2012, we look forward to MAPRI*

participation in NA-ACCORD, research protocol development, and increasing collaboration with KP clinical leadership.

b) Hepatitis and Liver Disease—In 2011, MAPRI developed a Hepatitis C registry and began the development of the Hepatitis B registry, as well as registries to follow the major bad outcomes of advanced liver disease—cirrhosis and hepatocellular carcinoma. These topics have been identified as areas of needed research in KP at both the national and local levels. With the known gaps in knowledge for these areas of liver disease, this research will quickly help advance medical knowledge. The hepatitis C registry is already producing clinically relevant information of use to various KPMAS clinical programs, including pharmacy and hepatitis clinical leadership. The research further aims to explore the development of quality metrics, quality improvement and best practices in hepatic care, especially in collaboration with other KP regions, HMORN, and other local institutions. Further, we aim to increase our ongoing participation in clinical trials for hepatitis to ensure the best possible care for Americans impacted by these diseases. *Anticipated expansion includes more clinical trials, participation in service areas beyond NOVA, and consideration of HCV-HIV co-infected clinical trials, as well as further support to our clinicians and interregional research projects in Hepatitis C and our other liver registries.*

c) Cardiovascular Disease and the Community—Heart Failure research has been active in KPMAS for over 5 years. This area of research focuses on quality care improvement for these very challenging patients. KPMAS hopes to share its experiences and outcomes with the heart failure community at large. Through integrations with CESR and HMORN based research into heart failure, these studies provide information and lessons learned that are disseminated to the general medical and scientific communities as well as the general public. MAPRI runs a heart failure clinical trials program that we are eager to expand, with collaboration with our cardiology clinical leadership. *In the coming year, we will expand our heart failure (cardiovascular) epidemiology and health services research with hiring of a research scientist in this field, enhancements to the heart failure registry, and expansion of our clinical trials in this area.*

d) Parkinson's and Related Diseases—MAPRI expanded into this new area of research emphasis in 2011. Under the leadership of our clinician researcher Ejaz Shamim, MD, the purpose of this research is to first create a registry of patients with Parkinson's disease (PD) so that it can be used to better understand the disease whose etiology still remains a mystery. The PD Registry will serve as a resource for information to conduct outcomes and research studies, notably in collaboration with the NIH and other KP regions. These studies provide information and lessons learned that are to be disseminated to the general medical and scientific communities as well as the general public, and better inform KP practice. *These efforts continue in 2012.*

Women's Health—MAPRI anticipates development of a Women's Health research program in 2012. *This is an area of great importance to US healthcare, in general, and to MAPMG and KPMAS specifically. MAPRI can offer a unique perspective to this research, with our diverse patient demographics and longitudinal clinical data.*

Other MAPMG and KPMAS Research with Active MAPRI Support

Chronic Kidney Disease and Uric Acid Study—This study is being led in KPMAS by Muzna Adil, MD, with active MAPRI support for data extraction and analysis. It is in collaboration with MTPPI, a research organization in the Mid-Atlantic area. *An ROI NIDDK proposal is expected to be submitted in 2012.*

Community Benefit Community Programs — MAPRI is providing consultation to a variety of CB supported programs to help these programs in their evaluation mode and address any research questions they may have.

Hospital Readmission Study (LACE)— MAPRI is helping to validate the LACE metric for determining which patients are greatest at risk for hospital readmission and other adverse outcomes. This data will have relevance to the general medical community, as well as other KP regions and similar healthcare systems.

Pap Smear Screening Study—MAPRI helped support the research efforts of Sherri Johnson, RN, who is exploring optimized tracking of pap smears to ensure more timely follow-up.

Additionally, MAPRI is actively supporting other allied health professionals' education and KPMAS supported residency programs and their research efforts, by providing personal guidance and support to the residents and their research projects.

Through both internal and external support, MAPRI is able to provide a broad-based but highly relevant research program that will help enhance medical knowledge on a wide basis.

4. Clinical Trials Program

With the Affordable Care Act (healthcare reform), we anticipate expanded access to clinical trials. To meet that capacity our program capacity grew in 2011 to six clinical research nurses, two research assistants, and extensive administrative support. We have ongoing trials in the areas of hepatitis C, heart failure, and oncology, as described in greater detail above. Please see Appendix B for the clinical trials MAPRI managed for KPMAS in 2011. *We anticipate growth in 2012 in these areas and neurology, other infectious diseases, and preventive health.*

MAPRI is providing a valuable service to our community through our clinical trials program, addressing the needs of our members, as well as the development of even better health science and healthcare.

5. Administration and Budget

Budget Issues

For all supported costs, we came well within budget by offsetting personnel costs through funding sources and other efforts. MAPRI worked closely with our internal and external funding sources to produce accurate reports and timely submission of expenses. For 2011, MAPRI greatly appreciated the increased and ongoing support of KPMAS CB program, under the leadership of Maritha Gay and guidance of Richard Tharp. We experienced greatly increased external funding, especially federally funded research projects, KP CESR funding, and appropriate industry-sponsored studies. *We anticipate continued research funding from a variety of sources, as evidenced above.* We expect to continue our good financial stewardship and our continuing partnership with the leadership and staff of KPMAS CB.

Administration

MAPRI grew its administration capabilities to better manage its growing research portfolio. We increased our project management and contracts/grants administration. We continue address the administrative needs and concerns of MAPMG and Kaiser Foundation Health Plan, as well as the other regions and research entities as required. We are especially proud of our continued shared administrative efforts with KPOH Center of Research. Although we lost in 2011 our former managing director, Richard Takamoto, his efforts were successfully transitioned to Tom Dang, MSE, in early 2012. MAPRI worked on increased development of its internal website in 2011

(http://kpnet.kp.org/mas/work/medgrouphr/rp_contacts.htm) and is pleased to launch its external website in 2012 (<http://mapri.kaiserpermanente.org>), in order to increase our collaborations with other research partners.

MAPRI continues to demonstrate successful growth of the MAPMG research enterprise, partnered with KPMAS, and collaborations with the other KP research entities, HMORN, and others. MAPRI is addressing the questions relevant to our clinicians, leadership, and members, as well as the general medical community regionally and nationally. We eagerly anticipate considered development in 2012.

APPENDIX A: Publications & Abstracts—MAPRI Affiliated 2011

Manuscripts:

1. Silverberg MJ, Chao C, Leyden WA, Xu L, **Horberg MA**, Klein D, Towner WJ, Dubrow R, Quesenberry CP, Jr., Neugebauer RS, Abrams DI. HIV infection, immunodeficiency, viral replication, and the risk of cancer. *Cancer Epidemiol Biomarkers Prev* Dec 2011 20(12):2551-2559. [Epub ahead of print].
2. Sterling TR, Lau B, Zhang J, Freeman A, Bosch RJ, Brooks JT, Deeks SG, French A, Gange S, Gebo KA, John Gill M, **Horberg MA**, Jacobson LP, Kirk GD, Kitahata MM, Klein MB, Martin JN, Rodriguez B, Silverberg MJ, Willig JH, Eron JJ, Goedert JJ, Hogg RS, Justice AC, McKaig RG, Napravnik S, Thorne J, Moore RD. Risk factors for tuberculosis after highly active antiretroviral therapy initiation in the United States and Canada: implications for tuberculosis screening. *J Infect Dis*. Sep 15 2011;204(6):893-901.
3. Shindel AW, **Horberg MA**, Smith JF, Breyer BN. Sexual dysfunction, HIV, and AIDS in men who have sex with men. *AIDS Patient Care STDS*. Jun 2011;25(6):341-349.
4. Schwarz EB, Postlethwaite D, Hung YY, Lantzman E, Armstrong MA, **Horberg MA**. Provision of Contraceptive Services to Women with Diabetes Mellitus. *J Gen Intern Med*. Sep 16 2011:[Epub ahead of print].
5. Potter MB, Somkin CP, Ackerson LM, Gomez V, Dao T, **Horberg MA**, Walsh JM. The FLU-FIT program: an effective colorectal cancer screening program for high volume flu shot clinics. *Am J Manag Care*. 2011;17(8):577-583.
6. Newhouse JP, Huang J, Brand RJ, **Fung V**, Hsu JT. The structure of risk adjustment for private plans in Medicare. *Am J Manag Care*. Jun 2011;17(6 Spec No.):e231-240.
7. Gallant JE, Adimora AA, Carmichael JK, **Horberg M**, Kitahata M, Quinlivan EB, Raper JL, Selwyn P, Williams SB. Essential components of effective HIV care: a policy paper of the HIV Medicine Association of the Infectious Diseases Society of America and the Ryan White Medical Providers Coalition. *Clin Infect Dis*. Dec 2011;53(11):1043-1050.
8. **Fung V**, Brand RJ, Newhouse JP, Hsu J. Using medicare data for comparative effectiveness research: opportunities and challenges. *Am J Manag Care*. 2011;17(7):488-496.
9. Chao C, Xu L, Abrams DI, Towner WJ, **Horberg MA**, Leyden WA, Silverberg MJ. HMG-CoA reductase inhibitors (statins) use and risk of non-Hodgkin lymphoma in HIV-positive persons. *AIDS*. Sep 10 2011;25(14):1771-1777.
10. Breyer BN, Van den Eeden SK, **Horberg MA**, Eisenberg ML, Deng DY, Smith JF, Shindel AW. HIV status is an independent risk factor for reporting lower urinary tract symptoms. *J Urol*. May 2011;185(5):1710-1715.
11. **Bredfeldt CE**, Compton-Phillips AL, Snyder MH. Effects of between visit physician-patient communication on Diabetes Recognition Program scores. *Int J Qual Health Care*. Dec 2011;23(6):664-673.
12. Abraham AG, Lau B, Deeks S, Moore RD, Zhang J, Eron J, Harrigan R, Gill MJ, Kitahata M, Klein M, Napravnik S, Rachlis A, Rodriguez B, Rourke S, Benson C, Bosch R, Collier A, Gebo K, Goedert J, Hogg R, **Horberg M**, Jacobson L, Justice A, Kirk G, Martin J, McKaig R, Silverberg M, Sterling T, Thorne J, Willig J, Gange SJ. Missing data on the estimation of the prevalence of accumulated human immunodeficiency virus drug resistance in patients treated with antiretroviral drugs in north america. *Am J Epidemiol*. Sep 15 2011;174(6):727-735.

Abstracts Presented at Scientific Conferences:

1. Silverberg M, Chao C, Leyden W, Xu L, Yu J, **Horberg M**, Klein D, Towner W, Quesenberry C, Abrams D. Cancer Stage, Age at Diagnosis and Survival Comparing HIV+ and HIV- Individuals with Common Non-AIDS-Defining Cancers. *Conference on Retroviruses and Opportunistic Infections*; March 2012 (Accepted).
2. Klein D, Leyden W, Xu L, Chao C, **Horberg M**, Towner W, Hurley L, Quesenberry C, Silverberg M. Contribution of Immunodeficiency to Coronary Heart Disease: Cohort Study of HIV-infected and HIV-uninfected Kaiser Permanente Members. *Epidemiology and Prevention/Nutrition*,

Physical Activity, and Metabolism 2012 Scientific Sessions. San Diego, CA; March 2012 (Accepted).

3. Hsu J, Price M, **Fung V**, Dow W, Newhouse J. Non-linear Cost-sharing and Projected Drug Burden: Adherence to Chronic Drug Regimens in the Medicare Part D Program. *American Society for Health Economists, Biennial Meeting*. Minneapolis; June 2012 (Accepted).
4. **Horberg M**, Hurley L, Klein D, Silverberg M, Quesenberry C, Mugavero M. Early Missed Office Visits Post-HIV Diagnosis and Mortality in a Large Healthcare System. *19th Conference on Retroviruses and Opportunistic Infections*; March 2012 (Accepted).
5. Hanna D, Gebo K, Hessol N, **Horberg M**, Kirk G, Kitahata M, Napravnik S, Sterling T, Willig J, Gange S. Disparities in Rates of HIV treatment Initiation and Viral Load Suppression across US States, 2001-2007. NA-ACCORD, trans. *19th Conference on Retroviruses and Opportunistic Infections*; March 2012 (Accepted).
6. **Fung V**, Price M, Busch AB, Landrum MB, Nierenberg A, Dow W, Fireman B, Hui R, Frank R, Newhouse J, Hsu J. Medicare Part D Cost-sharing and Antipsychotic Drug Use Among Beneficiaries with Schizophrenia. *American Society for Health Economists, Biennial Meeting*. Minneapolis; June 2012 (Accepted).
7. Delorenze G, **Horberg M**, Silverberg M, Tsai A-L, Quesenberry C. Time Trends in Methicillin-resistant staphylococcus aureus (MRSA) Infection Rates Comparing HIV-infected Patients with the General (HIV-uninfected) Patient Population. *19th Conference on Retroviruses and Opportunistic Infections*; March 2012 (Accepted).
8. Towner W, Leyden W, Chao C, Xu L, **Horberg M**, Klein D, Tang B, Hurley L, Silverberg M. Rhabdomyolysis in HIV-infected versus HIV-uninfected Persons Enrolled in Kaiser Permanente California. *41st Annual Meeting of the Infectious Disease Society of America*. Boston, Massachusetts; October 2011.
9. Huang J, **Fung V**, Bertko J, Newhouse J, Hsu J. Medicare Advantage Enrollees: Legacies and Newcomers, Who Art Thou? *AcademyHealth Annual Research Meeting*. Seattle; June 2011.
10. Hsu J, Huang J, **Fung V**, Brand R, Bertko J, Newhouse J. Private Plans in Medicare: locking the Revolving Door” *AcademyHealth Annual Research Meeting*. *AcademyHealth Annual Research Meeting*. Seattle; June 2011.
11. **Horberg M**, Hurley L, Towner W, Gambatese R, Klein D, Antoniskis D, Weinberg W, Kadlecik P, Kovach D, Mogyoros M, Remmers C, Quesenberry C, Silverberg M, Johnson M. HIV quality metrics: Association between retention in care and maximal viral control *49th Annual Meeting of the Infectious Diseases Society of America*. Boston, MA; October 2011.
12. **Horberg M**, Hurley L, Towner W, Allerton M, Tang B, Catz S, Silverberg M, Quesenberry C. Impact of provider characteristics on HIV-related outcomes among antiretroviral experienced patients. *The 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention*; July 2011.
13. **Horberg M**, Hurley L, Towner W, Allerton M, Tang B, Catz S, Silverberg M, Quesenberry C. Determination of optimized multidisciplinary care teams for maximal antiretroviral therapy adherence *6th International Conference on HIV Treatment and Prevention Adherence*. Miami, FL; July 2011 (Oral presentation).
14. **Horberg M**, Hurley L, Towner W, Allerton M, Tang B, Catz S, Silverberg M, Quesenberry C. Determination of optimal multidisciplinary care teams (MDCT) for achieving HIV RNA below limits of quantification (BLQ). *6th International Conference on HIV Treatment and Prevention Adherence*. Miami, FL; July 2011.
15. Hannsen C, Desai S, Cheetham C, Li DK, Raebel M, Glanz J, **Bredfeldt C**. H1N1 flu and pregnancy: the Kaiser Permanente Experience. *Clin Med Res*. November 2011;9(3-4):155.
16. Graetz I, **Fung V**, Hsu J, Reed M. COBRA ARRA Subsidies: Limits of a Carrot-Only Strategy. *AcademyHealth Annual Research Meeting*. Seattle; June 2011.
17. **Fung V**, Price M, Huang J, Brand RJ, Dow W, Newhouse JP, Hsu J. Drug Coverage for Low Income Medicare Beneficiaries: How Do Low Income Cost-Sharing Subsidies Affect Patient Behaviors? . *AcademyHealth Annual Research Meeting*. Seattle; June 2011.

18. **Fung V**, Price M, Huang J, Brand RJ, Dow W, Newhouse JP, Hsu J. Assessing the effects of Medicare Part D cost-sharing on low income and near-poor beneficiaries. *International Health Economics Association 8th World Congress*. Toronto; July 2011.
19. **Bredfeldt CE**, McFarland L. Considerations in the design and use of an oracle-based virtual data warehouse *Clin Med Res*. November 2011;9(3-4):185-186.

APPENDIX B: MAPRI-Supported Clinical Trials 2011

Heart Failure

Title: Study Treatment of Preserved Cardiac Function Heart Failure with an Aldosterone Antagonist

Sponsor: National Heart, Lung, and Blood Institute

Principal Investigator: Priti K. Sood, MD

Hepatitis C

Title: A Phase III, Randomised, Double-Blind and Placebo-Controlled Study of Once Daily BI201335 120 mg for 24 Weeks and BI 201335 240 mg for 12 Weeks in Combination with Pegylated Interferon-Alpha and Ribavirin in Treatment-Naive Patients with Genotype 1 Hepatitis C Infection

Sponsor: Boehringer- Ingelheim

Principal Investigator: Robert W. Sjogren, MD

Title: A Phase III, open label study of once daily BI 201335 240mg for 24 weeks in combination with pegylated interferon-a (PegIFN) and ribavirin (RBV) in patients with genotype 1 chronic hepatitis C infection who failed a prior PegIFN/RBV treatment

Sponsor: Boehringer- Ingelheim

Principal Investigator: Robert W. Sjogren, MD

Title: Long-Term Follow-Up of Subjects in a Phase 1,2 or 3 Clinical Trial in which Boceprevir or Narlaprevir was Administered for the Treatment of Chronic Hepatitis C

Sponsor: Merck

Principal Investigator: Robert W. Sjogren, MD

Oncology

Title: A Randomized Phase III Trial of Adjuvant Therapy Comparing Chemotherapy Alone (Six Cycles of Docetaxel Plus Cyclophosphamide or four Cycles of Doxorubicin Plus Cyclophosphamide Followed by Weekly Paclitaxel) to Chemotherapy Plus Trastuzumab in Women with Node-Positive or High-Risk Node-Negative HER2-Low Invasive Breast Cancer (NSABP B-47)

Sponsor: National Cancer Institute

Principal Investigator: Leon Hwang, MD

Title: Statin Polyp Prevention Trial in Patients with Resected Colon Cancer (NSABP P-5)

Sponsor: National Surgical Adjuvant Breast and Bowel Project (NSABP)

Principal Investigator: Leon Hwang, MD

Title: Phase III Trial Comparing Trastuzumab Given Concurrently with Radiation Therapy and Radiation Therapy Alone for Women with HER2-Positive Ductal Carcinoma in Situ Resected by Lumpectomy (NSABP B-43)

Sponsor: National Cancer Institute

Principal Investigator: Leon Hwang, MD

Title: A Randomized, Double-Blind, Placebo-Controlled Phase III Study of Early vs Standard Zoledronic Acid to Prevent Skeletal Related Events in Men with Prostate Cancer Metastatic to the Bone (NSABP 90202)

Sponsor: NCI/Foundation (non-federal)

Principal Investigator: Leon Hwang, MD

Title: Randomized Phase III Study of Maintenance Therapy with Bevacizumab, Pemetrexed, or a Combination of Bevacizumab and Pemetrexed following Carboplatin, Paclitaxel and Bevacizumab for Advanced Non-Squamous (ECOG E5508)

Sponsor: Cancer Trials Support Unit (CTSU)

Principal Investigator: Leon Hwang, MD

Title: A Randomized, Phase III Study of Standard Dosing versus Longer Dosing Interval of Zoledronic Acid in Metastatic Cancer, For Patients with Bone Metastases from Breast Cancer, Prostate Cancer or Multiple Myeloma (CALGB 70604)

Sponsor: National Cancer Institute

Principal Investigator: Leon Hwang, MD