

## A word from the Chairman...

Welcome to this first edition of our department's newly designed newsletter entitled *Focus*.

Many Public Health members have expressed the desire for the department to publish a hardcopy newsletter and I am pleased to respond to that excellent suggestion with this first issue of *Focus*. *Focus* will be published twice per year and will provide a more in-depth look at particular projects, events and issues relevant to Public Health. I invite Public Health faculty and staff to contact my office with any comments and suggestions for upcoming issues. This is your newsletter and I encourage your input as we share our work and ideas with one another, with the medical center leadership, as well as with our colleagues and friends.

Additionally, many of you may have noticed that the department website has become a primary source of information with bi-weekly "newsflashes" to keep our community updated. The website will continue to play an increasingly vital role in our communications efforts. I encourage one and all to visit our website for the latest news, to take a look at the progress the department has made over the last several years.

Alvin I. Mushlin, MD, ScM

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## Spotlight on Ethics: Faculty Associates Program

*Joseph J. Fins, MD, Chief of the Division of Medical Ethics in the Departments of Public Health and Medicine, recently met with Focus to discuss the newly created Faculty Associates Program. Dr. Fins, a 1986 graduate of the Medical College, has been part of the Cornell community for 20 years. Among numerous achievements, he was appointed by President Clinton in July 2000 to the White House Commission on Complementary and Alternative Medicine Policy. Dr. Fins has been Chief of Medical Ethics since the division was formed in January 2001. The following is an edited version of his conversation with Focus.*

**Focus:** Tell me a little about the Faculty Associates Program.

**Fins:** The program was created with two goals in mind: 1) to help faculty clinicians develop additional expertise in medical ethics that will allow them to improve patient care in their specialty areas and to contribute to medical ethics scholarship in their clinical discipline, and 2) to allow them to become members of the Division of Medical Ethics, to contribute to its academic, clinical and research activities, and to become independent investigators in medical ethics.

It is particularly gratifying to me to help the Medical Center build this critically needed faculty expertise in medical ethics. Practitioners, such as our Faculty Associates, who come to medical ethics

after an immersion in clinical practice, make meaningful contributions to our understanding of the ethical dimensions of the clinical encounter and the needs of the patient.

Program mentors include Franklin G. Miller, PhD, and Victor Sidel, MD. Cathy Acres, RN, MA, a lecturer and also our program administrator, coordinates the curriculum, a journal club and meetings where the Faculty Associates present their research.

Most importantly, the Associates have been using what they learn here to teach students, residents and colleagues within their own circles. The goal here is to improve the knowledge of medical ethics throughout

the Medical Center and to amplify what we know so that it gets disseminated broadly.

**Focus:** What physicians are currently

participating in the program?

**Fins:** After an extremely competitive process, we selected five talented doctors to take part in the program. Donna DiMichelle, MD, a pediatric hematologist, is interested in gene therapy in the context of hemophilia. Leonard Groopman, MD, a psychiatrist, is studying the doctor-patient relationship. Soumitra Eachempati, MD, a general surgeon and surgical intensivist, is looking at the role of the surgical



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## Challenges in Substance Abuse Treatment and Prevention

*For more than 35 years, the Department of Public Health has been in the front lines of substance abuse prevention and treatment. The faculty and staff of the Community and Public Health Programs and Prevention and Health Behavior divisions dedicate their efforts to this important societal issue.*

*Focus asked some of the leaders in this field to discuss the major challenges facing prevention and treatment. Overwhelmingly, financing and insurance reimbursement are at the top of the list. Other reported challenges include lack of adherence to the proven prevention models and barriers to treatment due to the isolating social stigma associated with substance abuse.*

*Focus spoke with Gilbert J. Botvin, PhD – Division Chief of Prevention and Health Behavior; Martin Sherry, CSW - Director of the Midtown Center; an outpatient substance abuse clinic; Eugenia Curet, CSW - Director for the Adult Methadone clinic; and Kristin Heuer, CSW - counselor at the Employee Assistance Program.*

### On the Prevention Front -

Gilbert J. Botvin, PhD, highlighted the research testing of successful prevention models targeting middle and junior high school students in reducing substance use. These models have shown up to 87% reduction in substance use with relative durability through the end of high school. Although most schools and communities have programs in place to reduce teen substance use, many continue to use approaches that have not been tested or shown to work. Some actually use prevention approaches that have been proven ineffective. A major challenge the field of prevention faces is to effectively spread the word about what works and what doesn't and then to encourage the use of successful programs.

Another major hurdle relates to fidelity or adherence. In order to be effective, teachers and other program providers must implement prevention programs with a high degree of care and thoroughness. Even the most powerful prevention programs don't work if they are only partially implemented or if program providers stray too far from the underlying prevention model.

Finally, Dr. Botvin warned that resources necessary to promote the use of effective

prevention programs, provide training and materials to teachers and other prevention practitioners, and to develop a local support structure for technical assistance are at risk and sorely needed. Many schools lack the funding and/or personnel to implement effective programs. And, while there is currently some funding available for prevention on a state and federal level, growing state and local budget deficits may undermine the ability of schools and communities to support the implementation of the most effective prevention approaches during the coming year. More stable federal, state, and local sources of funding are needed to ensure that schools and communities have access to the best that prevention research has to offer, which will lead to significantly reduced rates of tobacco, alcohol and drug use among our nation's youth.

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### Treatment Programs Have Their Say -

Not surprisingly, treatment experts unanimously list reimbursement and more specifically, managed care, as the No. 1 challenge. It's no secret there exists a negative cultural and political attitude attached to our nation's view of mental illness and substance abuse. As a result, persons with mental health or alcohol and other drug abuse disorders (MH/AODA) receive more limited health insurance coverage than persons with other illnesses. Our programs have found that it has become increasingly difficult to get reimbursed by managed care companies. A typical managed care company will limit coverage for mental health services to 50 visits per year, while coverage for outpatient substance abuse treatment is further limited to only 12 visits per year and a one-time lifetime inpatient benefit. "It has become a Dicken's carol," said Marty Sherry. Because of the inadequate benefit packages offered by managed care, the Midtown Center finds itself serving mostly the very rich and the very poor.

Eugenia Curet also cited inadequate government funding and low reimbursement rates as the top challenge, particularly for the methadone clinic's

population, which typically has complicated mental and medical illnesses in addition to their substance abuse.

Kristin Heuer of the Employee Assistance Program echoed similar managed care reimbursement complaints, and also discussed the social stigma associated with substance abuse. Ms. Heuer spends a great deal of time gaining the trust of the employee/client to address substance abuse issues in counseling. Employees fear that the information will be revealed to their supervisor. Reluctance to participate in inpatient treatment is particularly strong when it comes time to complete FMLA paperwork, which requires that the reason for leave be indicated. Many employees would prefer to list suicidal or psychotic reasons rather than substance

abuse, so powerful is the stigma. Finally, many employees have commented that their co-workers and supervisors actually treat them differently when they return to work.

In summary, it appears that we have a nationwide insurance system that does not provide equal coverage for substance abuse treatment despite the prevalence of alcohol and drug problems, the associated medical costs, the ramifications of non-treatment such as incarceration, decline in work productivity or loss of employment, along with evidence that prevention and treatment programs are effective and economically efficient. The isolating stigma is real. ✦

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## HRSA Funds New Research

Bruce Schackman, PhD, Assistant Professor in the Division of Outcomes and Effectiveness Research, was awarded a \$1.6 million dollar grant from the Health Resources and Services Administration (HRSA) entitled *Evaluation of A Patient-Centered Electronic Medical Record in Medicaid Special Needs Program*. The research project is geared to achieve better patient outcomes and quality of care by improving adherence to medications and increasing appropriate referrals to specialist physicians. The study, which spans four year, from September 30, 2002 until September 29, 2006, will use information technology to enhance shared decision making between patients and their health care providers at selected HIV clinics in the New York-Presbyterian

Healthcare System (NYPHS). Patient computer workstations will be located in confidential settings in these selected clinics where patients can review quality of care information from their own medical record regarding currently prescribed treatment regimens and laboratory test results, preventive care needs, clinic appointments and specialist referrals. They will complete screening questionnaires regarding medication adherence, treatment side effects, substance use and depression. Several of the questionnaires will be administered using audio computer-assisted software in which the subject hears the questions using earphones at the same time that the questions appear on the computer screen. Patients will use the computer workstations before meeting with their

health care provider. The results of the patient interactions at the workstation will be immediately transmitted to the health care provider for review and discussion during the visit. The impact of the study intervention on patient outcomes and quality of care will be evaluated using data obtained with consent from the subjects' medical records, and will be supplemented where available with consent by information uniquely available to the Special Needs Program (SNP).

Dr. Schackman will work in collaboration with Mark Callahan, MD, Eli Camhi, MSSW (New York-Presbyterian System Select Health, LLC), and David Rubin, MD (New York Hospital Center of Queens). ❖

## staff focus



## Quality-of-Care Indicator Data Collection Project

Arlene Provder, RN, Maryelena Vargas, RN and Kawai Oneda, MPH have been working since late August 2002 on a quality-of-care indicator data collection project for the New York Presbyterian

Healthcare System. The study seeks to assess the quality of medical care across the system by examining important process-of-care variables for four different but common medical conditions: acute myocardial infarction, stroke, community acquired pneumonia and congestive heart failure.

More than 2,000 electronic and paper charts are selected randomly and reviewed. The identity of each patient remains confidential and is never revealed to the researchers. During the course of this data collection phase, Kawai, Arlene and Maryelena will have visited more than 19 system hospitals each with differing charting methods and a variety of accommodations ranging from comfortable conference rooms to small back offices.

Interestingly, they found that in some instances it is easier to extract data from paper charts than electronic files because electronic charts often contain scanned documents with poor resolution making it difficult to read. However, the team's new laptop computers have helped speed up the process significantly by eliminating the double data entry system they previously used.

The data collection phase of the project will be winding down in the next month or so. Arlene says she will miss the "great team dynamics." Kawai looks forward to the data analysis phase to find out what the numbers reveal about standards of care. And they all say they will miss the diversity in their work day and the chance to get out of the office from time to time. ❖

*Faculty, continued from page 1*

intensivist's way of mediating disputes about care in the surgical intensive care unit. C. Ronald MacKenzie, MD, a rheumatologist at HSS, is interested in access and distributive justice questions. Barrie Raik, MD, a geriatrician, is interested in the question of breast cancer screening for the elderly.

**Focus:** How is the program being funded?

**Fins:** We are most grateful to the Leslie R. Samuels and Fan Fox Foundation and the Lucius N. Littauer Foundation for their

generous support of this educational program.

**Focus:** What are some of the most difficult ethical issues facing physicians today?

**Fins:** On the clinical front, it's how we utilize technology in a judicious, thoughtful way. Too often the available therapies drive clinical goals. I think it would be better if we thought more of what the goals were and apply technology to those goals.

In the research ethics arena, there's a societal desire for scientific progress, but a

growing skepticism about the integrity of the research process. It's a huge ethical challenge to educate physicians and investigators that the ability to conduct research is a societal privilege and that we have to maintain that trust. So the challenge is the balance of human subject protection versus the progress of science and giving access to people traditionally underserved by science. We have to have a research ethic that is consonant with our broader democratic societal ideals. ❖

## New Faculty

The department of Public Health would like to welcome the following new faculty members:



**Heather Taffet Gold, PhD**, Instructor in Public Health, received her PhD in Health Services Research and Policy. Heather's areas of interest include clinical cost-effectiveness analysis, access to appropriate clinical services, outcomes assessment, econometric modeling and cancer diagnosis and control. She recently won Fourth Prize in the Lee B. Lusted Student Paper Competition at the 24<sup>th</sup> Annual Meeting of the Society for Medical Decision Making in recognition for her presentation based on her dissertation research entitled "Estimation of Treatment Effects on Outcomes for Ductal Carcinoma in Situ."



**Lisa Korn, MD, MPH**, Assistant Professor in Public Health, a graduate of the Harvard Medical School, completed her residency at Mount Sinai Hospital in New York City prior to pursuing her MPH at Johns Hopkins University. Her interests include evaluation of screening tests and their utilization in primary care, especially screening tests for osteoporosis and diabetes, as well as clinical guidelines, especially for screening and prevention and cost-effectiveness. Lisa received the Mack Lipkin Sr. Associates Award from the Society of General Internal Medicine for her abstract "Is Screening for Osteoporosis Associated with Fewer Hip Fractures?"



**Tracy Nichols, PhD**, Assistant Professor of Public Health, received her PhD from Columbia University in Developmental Psychology this past spring - she is not a new member of the Department of Public Health - she was recently recognized for 15 years' service, having joined the Institute of Prevention Research as an administrator, then Senior Program Coordinator. Tracy's research interests include tobacco, alcohol and drug abuse prevention as well as women's health and development.

## Visiting Fellows



**Jan Blustein, MD, PhD**, Professor of Health Policy, currently on sabbatical from the Wagner Graduate School at New York University, will be participating in Public Health's academic and research activities at the Weill Cornell Medical College. Dr. Blustein is a health policy specialist and will be exploring collaborative research opportunities with the Public Health faculty.

**Marianne Acampo, MA**, is the CFO/Financial Director of the University Medical Center Utrecht, the Netherlands. Marianne attended the Managed Care Education and Research Partnership rotation sponsored by the Division of Outcomes and Effectiveness Research this summer before attending a certificate program at the Harvard School of Business. She is conducting a research study "A Comparison of Disease Management Programs in the U.S. with Integrated Care Programs in the Netherlands" under the direction of Dr. Oliver Fein.