



SMDM newsletter

Society for Medical Decision Making

FROM THE PRESIDENT



Mark Roberts

I am honored to begin my year as the President of SMDM in such exciting and important times for health care and for the Society. The Society is in very good shape, having just finished an excellent meeting in Philadelphia under the direction of

Sandy Schwartz and Seema Sonnad. The meeting was attended by 577 members and non-members, was well funded, and continued a tradition of outstanding scientific and academic discussions. Under the expert leadership of Gillian Sanders, the Society has seen the beginning of several important initiatives for the society, and I will continue to advance the following activities to make the Society more vibrant, broad based and, hopefully more impactful. The following highlights just a few of these initiatives.

COMPARATIVE EFFECTIVENESS

Continuing the excellent work on SMDM's policy statement on legislation supporting comparative effectiveness, I will continue to work with the various committees and interest groups to further the role of the Society in the development of a high quality, rigorous comparative effectiveness program.

POLICY PAPERS

Soon appearing on the SMDM website will be the first example of an SMDM methodology position paper on Disaster Modeling by Brandeau, *et al.*, one of the first working

groups to develop a policy manuscript under the Issues in Methodology committee chaired by Karen Kuntz. Also, we have placed a draft of the SMDM policy for the development and approval of such papers on the website.

MOVE TO A NEW MANAGEMENT COMPANY

Under the direction of Cathy Bradley, Marilyn Schapira and Jill Metcalf, the Society examined a series of new possibilities to move to a new Association Management Company, prompted by the ending of our current contract. After review by a committee, and interviews at the Philadelphia Board meeting, the Board voted to hire Professional Management Associates, LLC as the Society's new management company. A host of improvements in our membership database and services that we can provide directly to members is expected. See more details in Jill Metcalf's column below.

Another initiative that I hope to expand is the collaborative efforts with other societies. Currently, we have active, new initiatives with the following societies:

inside

2 Contact Us

3 Executive Director

4 SMDM Awards

8 Award Nominations

11 Member News

12 New Board Members

14 Board Nominations

15 Final Rule

16 Position Papers

18 Fun Facts

19 Job Postings

21 Support SMDM



contacts



The SMDM Newsletter is published quarterly by the

Society for Medical Decision Making

390 Amwell Road, Suite 403

Hillsborough, NJ 08844

Phone: 1-908-359-1184

Fax: 1-908-359-7619

info@smdm.org

www.smdm.org

All editions of the newsletter will be available solely on the web page. The SMDM Office will email you to let you know when the latest newsletter edition is available on the web. If you have any questions or comments, or are interested in submitting text, please contact the newsletter editors:

EDITORS

Colleen M. Urbin

Healthcare Data Analyst

Pittsburgh Regional Health Initiative

Centre City Tower

650 Smithfield Street, Suite 2400

Pittsburgh, PA 15222

Phone: 412-586-6710

Fax: 412-586-6701

Email: cvrb@prhi.org

Ava John-Baptiste, MHS

Dept. of Health Policy, Management &

Evaluation, University of Toronto

Toronto General Hospital

EN13-239, 200 Elizabeth St.

Toronto, Ontario, Canada M5G 2C4

Phone: 416-340-5370

Fax: 416-595-5826

Email: a.john.baptiste@utoronto.ca

BECOME AN ASSOCIATE EDITOR FOR THE SMDM NEWSLETTER!

Looking for a way to become more involved with SMDM? Join the SMDM newsletter staff! We'd love to hear from you! If you would like to learn how to become an associate editor, email either Ava at a.john.baptiste@utoronto.ca or Colleen at cvrb@prhi.org.

SOCIETY FOR JUDGMENT AND DECISION MAKING (SJDM)

This year initiated collaboration between SMDM and SJDM that was funded under a grant from the NSF. This grant, conceived and written by Alan Schwartz and Sandy Schwartz, supported joint abstract sessions at each meeting last year, in which SJDM members presented their work at SMDM's meeting and SMDM members presented their work at SJDM's meeting. I attended the joint session at SMDM last year, and attended, for the first time, the SJDM meeting in Chicago. There is tremendous potential for collaborative, cross-disciplinary learning for members of each society, and I urge members of our society to attend these joint sessions.

DIAGNOSTIC ERRORS IN MEDICINE

The first meeting of this group was held in conjunction with the American Medical Informatics Meeting in Phoenix in the spring of 2008, and presented a very interesting mix of approaches to understanding the technical and cognitive processes which lead to making diagnostic errors. There were at least 15 members of SMDM there and several gave invited talks: myself, Arthur Elstein, Ted Shortliffe, Robert Wears, Peter Cram and many others. The group that has been organizing this meeting felt that the meeting would be a better intellectual match with SMDM, and we will initiate a jointly co-sponsored meeting in Hollywood in 2009, in which there will be a half day or so of overlap between the two meetings, to allow more interactions and opportunities to explore collaborations and common ground. We hope this will grow into an ongoing collaboration and more.

THE INSTITUTE FOR OPERATIONS RESEARCH AND THE MANAGEMENT SCIENCES (INFORMS)

Established in 1995 through the merger of the Operations Research Society of America (ORSA) and The Institute of Management Sciences (TIMS), INFORMS is the premier organization for operations research in the world. The organization has major internal "societies" and the Decision Analysis Society within INFORMS has over 850 members with substantial interest in the decision sciences. The Society publishes a journal *Decision Analysis*, and sponsors several tracts and symposia at the INFORMS National Meeting. Smaller than societies are "sections" which are described as technical interest groups, and INFORMS has a growing health applications section, with over 350 members. Recent meetings have included multiple health care application presentations, including simulation modeling for bioterrorism and natural disasters, optimization of various treatment strategies in multiple diseases, and a significant number of rigorous methodological talks.

Finally, I have a plea of sorts to the membership. As many of you, I find the SMDM meeting one of the highlights of my year. I think that I have missed only one meeting since 1982 in Boston. However, I feel that we need to make the Society more than just its meeting, and expand the ongoing activities that occur *between* meetings. I will be urging the workshop chairs, interest group members and others to continue to work on issues of importance to the Society throughout the year.

Mark Roberts
SMDM President

FROM THE EXECUTIVE DIRECTOR



Jill Metcalf

It was wonderful to see so many of you in Philadelphia for the 30th Annual Meeting of the Society! A near-record 577 people attended the meeting and 252 abstracts were accepted for presentation, an acceptance rate of 71%. Please join me in conveying our heartfelt appreciation to Annual Meeting Program Chairs, J. Sanford (Sandy) Schwartz and Seema Sonnad, to Scientific Committee Chairs, Heather Gold and Lisa Prosser, to Short Course Chairs, Ken Smith and Jalpa Doshi and to the many others who helped to make the 2008 meeting a success!

Thank you to everyone who completed the online meeting evaluation survey and offered thoughtful comments and ideas for future meetings. Once again, survey respondents provided valuable feedback for future meeting planning. While many aspects of the meeting were scored in the *above average* and *excellent* categories, the Risk Communication and Behavior symposium, the Dinners with Experts and the joint session with the Society for Judgment and Decision Making were among the highest scored components of the meeting.

Among the many highlights of the meeting, outgoing SMDM Past President David Meltzer announced the results of the Board elections. New to the Board are President-Elect Kathy McDonald, Vice President-Elect Nananda Col, Secretary Treasurer-Elect Miriam Kuppermann and Trustees Scott Braithwaite, Cindy Bryce and Bruce Schackman. **Please join me in welcoming these new members to the SMDM Board of Trustees.**

With the excitement of welcoming new members onto the board, we sadly said goodbye to other members who served our Society so well during their tenure. Please join me in thanking David Meltzer, Phaedra Corso, Marilyn Schapira, Alan Schwartz and Mark Sculpher for their years of service to SMDM. Our Society would not be what it is today without their leadership and commitment!

SMDM is also very excited to welcome a new association management company, Professional Management Associates, LLC (PMA). PMA is a full-service association management company and is one of only 24 companies in the world to be accredited by both the AMC Institute and the American Society of Association Executives/Center for Association Leadership. With 25 years of experience, PMA brings state-of-the art technology to SMDM and a dedication to exceeding members' expectations 100% of the time.

Expect to hear from our new Association Manager, Marie Cortsen, throughout the year. Marie joined PMA in 2006 as a Membership Services Director/ Meetings Coordinator and has since been promoted to Association Manager. She graduated *cum laude* from Rider University with a B.A. in Journalism, with a focus on Public Relations, and is a member of the American Society of Association Executives which helps her to continue her education on association-specific topics. Marie is excited to work with SMDM and welcomes any questions or input from our members. Marie can be reached at mcortsen@association-partners.com.

Please note SMDM's new contact information:

Society for Medical Decision Making
390 Amwell Road, Suite 403
Hillsborough, NJ 08844 USA
Office Phone: 1-908-359-1184
Fax 1-908-359-7619

Association Manager:
Marie Cortsen
info@smdm.org

As always, I can be reached at jill.metcalf@smdm.org.

Warmest regards,

Jill Metcalf
SMDM Executive Director

2008 SMDM Award Winners

Leadership Awards

Career Achievement

Michael Kattan, PhD, MBA, Department of Quantitative Health Sciences, Cleveland Clinic

Eugene Saenger Award for Distinguished Service to SMDM

Barbara J. McNeil, MD, PhD, Ridley Watts Professor and Head, Department of Healthcare Policy, Harvard Medical School, Professor of Radiology, Brigham and Women's Hospital

John Eisenberg Award in Recognition of Exemplary Leadership in the Practical Application of Medical Decision Making Research

Foundation for Informed Decision Making

Award for Outstanding Short Course

Joel Tsevat, MD, MPH, University of Cincinnati School of Medicine; Marshall H. Chin, MD, University of Chicago, *Becoming A Strong Clinician-Investigator Mentor*

Career Development Awards

Outstanding Paper by a Young Investigator

Jennifer L. Bailit, *Medical cost savings associated with 17 alpha hydroxyprogesterone caproate*. Am J Obstet Gynecol 2007;196:219.e1-219.e7.

Lee B. Lusted Student Prize

1st Prize

Gloria Woo, *Bayesian Mixed Treatment Comparison Meta-Analysis Of Outcomes Of Treatment For Chronic Hepatitis B*

Other Winners

Jeremy D. Goldhaber-Fiebert, PhD, *Cervical Cancer Simulation Model Performance: Assessing Consistency With Real-World Studies*

B. J. Wells, MD, MS, *Predicting Six-Year Coronary Heart Disease Risk In Diabetic Patients*

Holly Witteman, *Narratives In Online Communities And Women's Decisions About Birth Attendants And Birth Place*

Comments from Award Recipients

Michael Kattan,

THE CAREER ACHIEVEMENT AWARD RECIPIENT

I feel very fortunate to have a career that found me, vs. the other way around. Granted, I had to endure 10 months of chemotherapy for Hodgkin's disease to find out I really wanted to study medical decision making, but what better way to get real world experience than to practice on yourself? Our Society is really fantastic, and I'm delighted to be a part of it. Our science is terrific, and we care about each other a lot. In my experience, this is one of the few societies where one can really get a lot out of membership, which is worth every penny.

I have many people to thank for my award, but two really stand out. Bob Beck gets initial credit for exposing me to the field. I met him by chance, and he transitioned me from the business school (where I was trained) to medical informatics. He introduced me to many new people and novel methods. Most importantly, he taught me how to present complicated mathematics to a novice audience, which is a crucial skill to have in a collaborative environment. Scott Cantor then took over my SMDM basic training. He got me involved in all sorts of fun things as well as introduced me to many of you. Who knows; I probably might have lost interest in SMDM had Scott not kept me on such a short leash.

I think SMDM can play a larger role in the area of Comparative Effectiveness. Who better to compute the chances of benefits and harms for various treatment options than a relatively unbiased group of methodologists such as ourselves? This approach can take the form of comprehensive risk calculators, where we are the folks who build and compare the alternative models for each treatment/outcome combination. This strategy allows predictions tailored to the individual patient, as well as side by side treatment comparison. Our role is to then pioneer new methods of prediction model building and evaluation (i.e., accuracy assessment). We avoid the need to necessarily assign preferences, and instead, can extend this type of work into areas such as how to help low numeracy patients.

I hope I can continue to contribute to the Society in some meaningful ways. I'll certainly be a lifelong member and do what I can to encourage folks to join our Society as well as attend our meetings. I view our short courses as mandatory for students entering the field. This was an amazing year for me because, in addition to my award, I had a student (Brian Wells) win a Lee B. Lusted Student Prize (a prize I was never able to win myself!). Thank you, SMDM!

The Foundation for Informed Medical Decision Making

THE JOHN M. EISENBERG PRACTICAL APPLICATIONS OF MEDICAL DECISION MAKING AWARD RECIPIENT

Drs. Albert Mulley and Michael Barry, longtime SMDM members, were honored and delighted to accept this award on behalf of the Foundation for Informed Medical Decision Making (www.FIMDM.org) and its president Dr. Jack Fowler. The Foundation's ambitious mission is: *To assure that people understand their choices and have the information they need to make sound decisions affecting their health and well being.*

The Foundation, a not-for-profit founded in 1989, was originally an outgrowth of the pioneering work of Dr. Jack Wennberg at Dartmouth Medical School and his colleagues in the Prostate Patient Outcome Research Team. They became convinced that an "antidote" to the geographic variations in preference-sensitive surgical procedures was sharing outcomes research defining the results of different management strategies directly with patients using decision aids. The group's first decision aid, developed with funding from the John A. Hartford Foundation, presented treatment choices for benign prostatic hyperplasia. Much of this early research was presented at the annual meeting of the Society for Medical Decision Making, and encouraged by John Eisenberg, for whom this award is aptly named.

Today, the Foundation has produced and keeps up to date 29 audio-visual programs to support patients facing a variety of preference-sensitive decisions and chronic diseases, in collaboration with its partners, Health Dialog and British United Provident Association (BUPA). Through Health Dialog, about 25 million people have access to these decision support materials through their health plans. The

Foundation does not accept funding from any source with a financial interest in any particular approach to testing and treatment.

The Foundation supports a series of demonstration sites in both primary and specialty care to model the practical application of decision support in everyday clinical practice. Its dissemination and outreach efforts aim to inspire influential leaders and stimulate structural change in the health care system to advance a new standard of medical decision-making.

Through its support of Health News Review (www.healthnewsreview.org), the Foundation seeks to improve health care journalism by reviewing and rating stories about diagnostic and treatment technologies appearing in the popular media according to evidence-based criteria.

The Foundation also supports research in informed medical decision-making, through Dissertation Fellowships and Postdoctoral grants, as well as investigator-initiated grants to established investigators. Many SMDM members have been successful grantees. The Foundation has also recently funded a major nationwide survey of the epidemiology of medical decisions in the United States. The provocative results of this survey, which suggested widespread poor "decision quality," were presented at the 2008 MDM annual meeting.

Finally, The Foundation will host the 5th International Shared Decision Making Conference in Boston June 15-17, 2009. SMDM members are encouraged to attend (see: <http://www.informedmedicaldecisions.org/isdm2009/>).

The success of the Foundation as acknowledged by this prestigious award is attributable to the hard work of many people. Contributors include our Board of Directors, our dedicated staff, our network of Medical Editors and Clinical Advi-

sors, our grantees, our colleagues at Health Dialog and BUPA, and most importantly, the thousands of patients who have shared their experiences with us to improve health decisions for future patients! Thanks from all of us to the Society for Medical Decision Making for this award!

Jennifer Bailit

OUTSTANDING PAPER BY A YOUNG INVESTIGATOR AWARD RECIPIENT

One of the wonderful things about being a clinician and a researcher is that the two jobs help inform each other. The study that the Society for Medical Decision Making awarded as an outstanding paper by a young investigator this year grew out of frustration in my high risk obstetric clinic.

As a clinician, I knew that 17 Alpha Hydroxyprogesterone Caproate (17P) was recommended to help prevent preterm birth in women with a prior spontaneous preterm birth, and yet 17P continued to be greatly under-utilized in treating this population. While there may be several reasons for the slow adoption of 17P, cost was clearly an important barrier. Insurance companies generally did not cover the cost of 17P treatments. I work in an inner city hospital, and the patients I see often cannot afford the cost of the treatment out-of-pocket.

The lack of coverage for 17P was a great source of frustration for me. 17P is an older drug and not under patent. The drug is not made by a drug company and is only made in compounding pharmacies. 17P can be purchased at relatively low cost compared with the drugs typically utilized for innovative treatments. While this should increase insurers' willingness to cover 17P, the 17P producers have little financial incentive to encourage its use among physicians. As a result, no one was making the case to the

insurance companies that it should be covered. I knew that to “make the case” I had to speak in the language that businesses understand, economics.

As part of the Center for Health Care Policy and Research at MetroHealth Medical Center Case Western Reserve University, collaborations between clinician researchers and other disciplines are easy and encouraged. I approached Mark Votruba, the Center’s health economist from Case Western Reserve University’s Department of Economics. When we discussed the issue, we realized that all the information we would need to make the economic case for 17P was already available in the literature.

After a thorough literature search and analysis, we had our answer. Use of 17P is cost saving. The magnitude of the savings simply depends on how far out you carry the analysis. Short term, there are substantial savings. Over the life of an affected infant, those savings add up to a 2 billion dollar each year if it was used in every eligible patient.

When this paper was published in the American Journal of Obstetrics and Gynecology it was accompanied by an editorial by the Head of Women’s Health at Aetna. We would like to believe that the combination of evidence and editorial has helped improve insurance coverage for this drug. In my own clinic, coverage has gotten better. And, while we cannot claim that there is a direct link between our study and insurance coverage, it is gratifying to be back in the clinic and see that patients have an opportunity to accept or reject a treatment based on its merits rather than the cost alone.

Gloria Woo, FIRST PRIZE
LEE B. LUSTED STUDENT AWARD RECIPIENT

“NERD”-STRUCK: To me, SMDM is to nerds what the Oscars are to movie buffs. Each October the best and brightest in the biz come together to celebrate and recognize the excellence of professionals in their field. Big names, big brains, la crème de la crème. For fans of decision making, session breaks are much like the scene on the infamous red carpet. You hope for a glimpse of your favorite modeler, wait patiently for the perfect moment to interrupt him/her from their lengthy conversation on Bayesian theory, introduce yourself, and shake the hand that built the model that you spent days and nights studying. If you’re lucky, they’ll attend your session and provide you with a small insight; one which will be cherished like that of an autographed photo of Brad Pitt that brings back wistful memories of the day you met.

Needless to say, my first experience as a presenter at SMDM has been a memorable one. As a student new to the area of modeling, SMDM provided the opportunity to rub shoulders with the finest and to put faces to authors whose papers have taught me much in the world of medical decision making. At the meeting, I attended sessions where I came across concepts far beyond my level of comprehension. I also benefited greatly from input passed along by those who attended my session, gaining valuable insight into my own work. So, in addition to thanking my co-authors and my colleagues at the University of Toronto without whom I would not have achieved this award, I would like to express my appreciation to the members of SMDM. My attempt just to fit in among the nerds has been the driving force that has brought this work together.

Jeremy D. Goldhaber-Fiebert

LEE B. LUSTED STUDENT AWARD RECIPIENT

It was a wonderful surprise and honor to receive the Lee B. Lusted Award at the annual SMDM meeting in Philadelphia, PA. As this was the last year that I was eligible to present work done as a student, I was especially gratified to receive the award. Ironically, due to being sick, I missed the last day of the conference and the opportunity to be there in person to receive it. Instead, I received an email from a friend congratulating me, prompting some calls to confirm that this was the “real deal”.

In reflecting on SMDM meetings from 2002 forward, two consistent features are particularly striking. One striking feature of SMDM meetings is that they are always filled with good questions – colleagues take the time to think long and hard about each others’ work and give honest and well thought through critical feedback. Another is the breadth of research interests represented at the meeting. I feel that I have benefited greatly from the exposure to many areas within our allied disciplines.

This year is a year of transition for me. My family and I have moved from Cambridge, Massachusetts to Palo Alto, California. Professionally, I finished my PhD Program in Health Policy and have moved from my academic home at the Program in Health Decision Science at Harvard to become an Assistant Professor at Stanford in the Centers for Health Policy and Primary Care and Outcomes Research.

I am excited to keep in contact with colleagues and to attend SMDM meetings for many years to come. Thanks again to my collaborators and mentors and to the members of SMDM.

B. J. Wells

LEE B. LUSTED STUDENT AWARD RECIPIENT

I would like to thank the Society for Medical Decision Making for choosing me as one of the Lee B. Lusted award winners at the 30th annual meeting in Philadelphia, PA. This type of recognition reinforces my decision to pursue a PhD in Epidemiology and makes me very grateful that I was able to obtain a pre-doctoral fellowship under the mentorship of Dr. Michael Kattan at the Cleveland Clinic. I would not have been able to receive such an award without Dr. Kattan's guidance and his gracious willingness to allow me to take the lead on this project. Dr. Kattan has been a strong advocate of SMDM and I was impressed with both the organization and the science at the annual meeting. I felt slightly guilty about winning the award since I was once a Family Physician and may have been exposed to medical research longer than some of the other candidates. However, Dr. Kattan pointed out that many PhD researchers might look at my MD experience as a handicap to serious research, instead of a benefit :)

I wanted to work with Dr. Kattan because of his expertise in the creation/validation of clinical prediction tools and decision analyses. The work that I presented at the annual meeting was a tool for predicting mortality risk in patients with type 2 diabetes. I think the research was especially important because it was conducted using data derived from an Electronic Health Record. Despite all of the limitations and challenges of using an EHR to build research cohorts, they represent a cost-effective means of obtaining this type of data in the real-world setting. Randomized controlled trials are great, but sometimes represent homogenous patient populations that are unrealistic. Research will continue to be conducted in EHR settings and I think it is up to academic research-

ers to push the EHRs to improve the scientific validity of the data that they contain. But, like Dr. Kattan says, "If the EHR only contains useless garbage, then we wouldn't be able to accurately predict outcomes with this data."

For my thesis, I am using the skills that I have learned from Dr. Kattan in order to create an improved tool for predicting sporadic colorectal cancer risk. I hope to show that improved colorectal cancer predictions can be used to tailor screening and preventive strategies that are much more cost effective than the current approach. Thanks again for this wonderful honor; I am looking forward to many more years of involvement with SMDM.

Holly Witteman

LEE B. LUSTED STUDENT AWARD RECIPIENT

I was honoured to be awarded one of the Lee B. Lusted prizes at the Society's Annual Meeting in Philadelphia for the poster I presented, "Narratives in Online Communities and Women's Decisions about Birth Attendants and Birth Place."

The project examines how participation in online forums might play a role in women's birth choices. The study includes a broad range of possible choices: physician-attended hospital births, midwife-attended births in hospitals, birth centers and homes, and unassisted home births. We found that women who made choices such as midwife-attended births and unassisted births were more likely to report that online communities influenced their opinions. There were observable psychosocial differences between women who made different birth choices, and these groups also assessed risk and safety differently from each other. Finally, access (or, more accurately, lack of access) to evidence-based birth and postpartum practices was noted as a decision-making factor. For example, lack of access to

Vaginal Birth after Cesarean-Section (VBAC) -supportive providers or facilities was a contributing factor in some women's decisions to plan an unassisted birth. Other women identified non-evidence-based postpartum practices at their local hospital such as routine separation of healthy newborns and mothers as reasons to give birth at home.

The project was supported by a small Interdisciplinary Capacity Enhancement subgrant from the Canadian Institutes of Health Research administered through the program Health Care, Technology and Place (HCTP) at the University of Toronto. I and most of my coauthors are or were HCTP fellows or mentors. The program encourages doctoral and postdoctoral fellows to initiate research and serve as Principal Investigators, an opportunity which has been immensely valuable to me and my colleagues. It is rare for a PhD student to have the chance to act as PI on a grant and run a multidisciplinary group project; I am grateful for the theoretical and practical learning it has enabled me.

This was my second time attending an annual SMDM meeting; my first was a stimulating experience in San Francisco in 2005 where I first developed a sense of the Society. (A friendly trolley car driver inquired as to what brought me to San Francisco. When I responded that I was there for a conference, he asked, "Is it that conference for medical geniuses?") My background is in mathematics and engineering, my current research area is Human Factors Engineering and eHealth, and my fellowship provides me with some additional training in the Humanities and Social Sciences. This makes me a bit of a disciplinary polyglot, so I especially enjoy the breadth of topics explored at SMDM meetings. The meetings attract an excellent and friendly group of scholars, so I was very pleased to be able to present some of my work to the Society and gratified to have it recognized by this award.

SMDM 2009 Awards: Call for Nominations

Deadline February 27, 2009

PROCEDURE FOR ALL NOMINATIONS: Nominations must be received no later than **February 27, 2009**. Please submit all documentation via email to SMDM Executive Director, Jill Metcalf at jill.metcalf@smdm.org. The awards will be presented at the 2009 SMDM annual meeting.

Career Achievement Award

The Career Achievement Award recognizes a senior investigator who has made significant contributions to the field of medical decision making. The nominee need not be a member of SMDM.

The Awards Committee offers the following questions to stimulate your thinking about worthy nominees:

1. In your area of work, whose publications are most often referred to?

2. In your work, what analytic tools do you use daily that may have been introduced by an individual in medical decision making?

3. In your institution, whose names are most often mentioned when people talk about ideas in medical decision making?

4. In your institution, when you hear others talking about medical decision making ideas, but they don't mention individual names, whom do you recognize as the originator of those ideas?

5. In your classes, whose work do you assign the students to read?

6. In your own research or teaching, whose work do you frequently cite or refer to?

Nominations must include a one-paragraph statement describing the nominee's contributions to the field of medical decision making. A copy of the nominee's CV is desirable. If a CV is not available, the nominating statement should be more detailed.

Eugene L. Saenger Award for Distinguished Service to SMDM

This award recognizes service to SMDM in terms of leadership, role in the operations of the Society, and contributions to the scientific and educational activities of the Society. The nominee must be a member of SMDM.

Questions to stimulate your thinking about worthy nominees:

1. Who comes to mind as a person to call on for help if you need to get something accomplished?

2. Who do you hesitate to call on because you think they already are doing so much?

3. Who calls on you to serve SMDM?

4. Whom would you feel you could not say "no" to if they called on you to serve?

Nominations must include a statement briefly describing the nominee's duration of membership and contributions to SMDM. A copy of the nominee's CV is desirable. If a CV is not available, the nominating statement should be more detailed.

John M. Eisenberg Award for Practical Application of Medical Decision Making Research

This award recognizes sustained leadership in translating medical decision making research into practice, including taking exceptional steps to communicate the principles and/or substantive findings of medical decision making research to policy makers, or clinical decision makers, or the general public. The nominee need not be a member of SMDM.

QUESTION: In your work or practice, when you come across a good idea, embodying solid medical decision making principles, who has worked to bring that idea into practice?

Nominations must include a one-paragraph statement describing the ways in which the nominee has

fulfilled the criteria stated above, including practical application and non-academic communication of medical decision making research. A copy of the nominee's CV is desirable. If a CV is not available, the nominating letter should be more detailed.

Outstanding Paper by a Young Investigator

This award is limited to a paper published in the calendar year prior to the award (journal must be dated in 2008 for the 2009 award). The nominee must be in the first six (6) years of full-time employment after the end of "training", however that is defined within the country and field of the nominee. Any dispute about the eligibility of a nominee will be resolved by the committee.

- The nominee must be the first author of the paper.
- The nominator must be a member of SMDM.

- The paper nominated must appear in a peer reviewed journal with a publication date of 2008. Online journals qualify, provided they are peer-reviewed.

- Papers will be judged for their importance and originality.

- The nominations must include a copy of the article preferably in pdf format, including complete journal citation. A reprint or clear photocopy is acceptable, but pdf is preferred. A statement explaining the importance of the paper is optional.

Questions to stimulate thinking about worthy nominees:

1. In the past year, what paper did you notice with surprise and pleasure, as being an impressive contribution from one so young?
2. Does this paper make you think, "This person has promise?"

Procedure for all Nominations

1 NOMINATIONS MUST BE RECEIVED NO LATER THAN FEBRUARY 27TH

2 PLEASE SUBMIT ALL DOCUMENTATION VIA EMAIL TO SMDM EXECUTIVE DIRECTOR, JILL METCALF AT JILL.METCALF@SMDM.ORG

3 THE AWARDS WILL BE PRESENTED AT THE 2009 SMDM ANNUAL MEETING.

Previous Award Winners

AWARD FOR CAREER ACHIEVEMENT

Stephen Pauker, MD (1995)
 Milton Weinstein, PhD (1996)
 Arthur Elstein, PhD (1997)
 Harold Sox, MD (1998)
 Dennis Fryback, PhD (1999)
 John Eisenberg, MD (2000)
 George Torrance, PhD (2001)
 Daniel Kahneman, PhD (2002)
 Jerome P. Kassirer, MD (2003)
 Joseph S. Pliskin, PhD (2004)
 Allan S. Detsky, MD, PhD (2005)
 David J. Spiegelhalter, PhD (2006)
 Peter P. Wakker, PhD (2007)

EUGENE SAENGER AWARD FOR DISTINGUISHED SERVICE TO SMDM

Lee Lusted, MD (1988)
 Stephen Pauker, MD (1989)
 Dennis Fryback, PhD (1990)
 J. Robert Beck, MD (1991)
 Robert Wigton, MD (1992)
 Robert Centor, MD (1993)
 Milton Weinstein, PhD (1994)
 John Clarke, MD (1995)
 Michael Barry, MD (1996)
 Margaret Holmes-Rovner, PhD (1997)
 David Rovner, MD (1998)
 Sankey Williams, MD (1999)
 Roy Poses, MD (2000)
 Arthur S. Elstein, PhD (2001)
 Frank M. Sonnenberg, MD. (2002)
 John C. Hershey, PhD (2003)
 Joel Tsevat, MD (2004)
 Bruce Hillner, MD (2005)
 Myriam Hunink, MD, PhD (2006)
 Kathryn McDonald, MM (2007)

JOHN M. EISENBERG AWARD FOR PRACTICAL APPLICATION OF MEDICAL DECISION MAKING RESEARCH

Donald M. Berwick, MD (2002)
 Harvey V. Fineberg, MD, PhD (2003)
 Annette O'Connor, PhD (2004)
 Hilary Llewellyn-Thomas, PhD (2004)
 John Wennberg, MD, MPH (2005)
 Jeffrey P. Koplan, MD, MPH (2006)
 Harold Sox, MD (2007)

OUTSTANDING SHORT COURSE

2000 - Instructors: Dennis Fryback, PhD; Harold Lehmann, MD, PhD; Marjorie Rosenberg, PhD; and Tasha Stout, BA - "Introduction to Bayesian Data Analysis for Medical Decision Making"

2001 - Instructors: Eric B. Bass, MD, MPH; Frank A. Sonnenberg, MD; and Arthur S. Elstein, PhD - "Writing for Publication: Navigating the Reefs and Shoals of Peer Review"

2002 - Instructors: Mark S. Roberts MD, Ken Smith MD, Scott Braithwaite MD, Amber Barnato MD, MPH - "Advanced Decision Analysis: A Hands-On Course"

2003 - Instructors: Randy D. Cebul, MD; Neal V. Dawson, MD, Thomas E. Love, PhD, Charles Thomas, MD, MetroHealth Medical Center, Cleveland, OH - "Reducing Bias in Observational Studies: Propensity Methods"

2004 - Instructor: Uwe Siebert, MD, MPH, MSc - "Causal Interference and Causal Diagrams in Medical Decision Making"

2005 - Instructor: Katia Noyes PhD, MPH - "Cost-effectiveness analysis for non-health economists: how to build and interpret confidence ellipses and acceptability curves"; Honorable Mention: Rod Hayward MD, Tim Hofer MD, MSc: "Treatment Heterogeneity and Using Clinical Trial Data in Policy-relevant Simulation Models: An Epidemiological Prime"

2006 - Instructors: Randall Cebul MD, Thomas Love PhD, Neal Dawson MD - "Methods for Cluster Randomized Trials of Real-time Decision Support"; Honorable Mention: Rod Hayward MD, Tim Hofer MD, MSc: "Treatment Heterogeneity and Using Clinical Trial Data in Policy-relevant Simulation Models: An Epidemiological Primer"

2007 - Instructor: Atul Butte, MD, PhD - "Integration of Genomic, Biomedical and Clinical Database and Tools to Enable Genomic Medicine"

OUTSTANDING PAPER PUBLISHED BY A YOUNG INVESTIGATOR

1999 - Aaron A. Stinnett, PhD, University of Alabama at Birmingham, "Net Health Benefits: A New Framework for the Analysis of Uncertainty in Cost-Effectiveness Analysis," Medical Decision Making. 1998; 18 (Suppl.):S68-S80.

2000 - Gretchen Chapman, PhD, Rutgers University, Piscataway, NJ. "Familiarity and Time Preferences: Decision Making About Treatments for Migraine Headaches and Crohn's Disease." Journal of Experimental Psychology. 1999; 5:17-34.

2001 - Gillian Sanders, PhD, Stanford University Center for Primary Care and Outcomes Research, Palo Alto, CA. "Design and Pilot Evaluation of a System to Develop Computer-Based Site-Specific Practice Guidelines from a Decision Model." Medical Decision Making. 2000; 20:145-159.

2002 - Sue Goldie for Goldie SJ, Kuhn L, Denny L, Pollack A, Wright TC: Policy analysis of cervical cancer screening strategies in low resource settings: clinical benefits and cost-effectiveness analysis.

2003 - Alan Schwartz, for Schwartz A, Hasnain M. Risk perception and risk attitude in informed consent. Risk, Decision and Policy 2002; 7:121-130.

2004 - Ida Sim, for Sim, I, Cummings S. A new framework for describing and quantifying the gap between proof and practice. *Medical Care* 2003;41:874-881.

2005 - Angela Fagerlin, for Fagerlin A, Schneider C. Enough: the failure of the living will. *Hastings Center Report* 2004(2):30-42.

2006 - Allison B. Rosen, for Rosen AB, Hamel MB, Weinstein MC, Cutler DM, Fendrick AM, Vijan S. Cost-effectiveness of full Medicare coverage of Angiotensin-Converting Enzyme Inhibitors for beneficiaries with diabetes. *Ann Intern Med.* 2005;143:89-99.

2007 - Andrea Gurmankin Levy, for Gurmankin Levy A., Micco E., Putt M., & Armstrong K. Value for the future and breast cancerpreventive health behavior. *Cancer Epidemiology, Biomarkers & Prevention.* 15(5):955-60, 2006 May.

LEE B. LUSTED STUDENT PRIZE WINNERS

1999 - 1st Prize: Phaedra Corso, MPA; 2nd Prize: Allison Rosen, MD, PhD; 3rd Prize: Richard Chapman, MS; 4th Prize: Christopher Vojta, MD, MBA

2000 - 1st Prize: Julie H. Goldberg, PhD; 2nd Prize: R. Scott Braithwaite, MD; 3rd Prize: James E. Stahl, MD, CM; 4th Prize: Dena M. Bravata, MD

2001 - 1st Prize: Brian Zikmund-Fisher, MS; 2nd Prize: Edwin Oei; 3rd Prize: Nelleke Koedoot, MA; 4th Prize: Elizabeth Bogard, MS

2002 - 1st Prize: Scott Halpern MSCE; 2nd Prize: Jenny Silverman BA; 3rd Prize: Amy Bird BS; 4th Prize (tie):Heather Taffet Gold PhD; 4th Prize (tie): Jane Kim MS

2003 - 1st Prize: Aaron Caughey; 2nd Prize: Amy Bird Knudsen; 3rd Prize: Griffin Weber; 4th Prize: Julia Aledort

2004 – 1st Prize: Natasha Stout, PhD; Other Winners: Kyeen Mesesan, BS; Amy B. Knudson, BS; Bas Groot Koerkamp, MD, MSc

2005 - 1st Prize: Elisa F. Long, MS; Other Winners: Hau Liu, MD, MBA, MPH; Jane J. Kim, MS, MPH; JP Oudhoff, MSc

2006 - 1st Prize: Douglas White, MD, MAS; Other Winners: R. Trafford Crump, MPA; Jeremy Goldhaber-Fiebert, AB; Kaleb Michaud

2007 - 1st Prize: Ylian S. Liem, MD, MSc; Other Winners: Mehul Dalal, MD, MSc; Rebecca Miksad, MD; Beate Sander, RN, MBA, MEcDev

Members in the News

Many members of the Society are engaged in work that garners great publicity! Here are some recent examples:

SMDM member **HEATHER GOLD**'s research study about delays in radiation treatment for breast cancer patients received media attention recently. Study results revealed that delayed or incomplete treatment significantly impacts patient outcomes, showing higher recurrence rates. One reason leading to delays involved the coordination of care, which can be challenging due to multiple physicians and specialists (<http://tinyurl.com/cgsvvu>). The New York Times ran a story about the findings on December 1st (<http://tinyurl.com/dxaggt>), and CBS news had a video about these findings on December 13th (<http://tinyurl.com/c8pqjq>). Congratulations Heather on the good press!

The Society's journal **MEDICAL DECISION MAKING** (MDM), was cited in the national newspaper *Investors Business Daily* on December 3rd (Hogberg, David, "States' Big Health Plans Have Proved Costly" *Investor's Business Daily* 03 Dec 2008: A1). A 1996 study by Harvard Researchers was referenced while discussing Medicaid expansion in Oregon that due to costs not being offset by businesses had to be reined in. This is a great example of how the quality and impact of the studies published in MDM are still significant years later — in this example, more than a decade has passed. Way to go!

Do you or a colleague have news you'd like to share? Has media been knocking on your door? We want to hear about it! Contact Colleen Vrbin at cvrbin@prhi.org you're your news-worthy stories.



WANT TO GET MORE INVOLVED IN SMDM?

Contact Scott LaJoie at lajoie@louisville.edu

Welcome

INTRODUCTION TO NEWLY ELECTED BOARD MEMBERS



Kathryn McDonald



Nananda Col



Miriam Kuppermann



R. Scott Braithwaite



Cindy L. Bryce



Bruce R. Schackman

PRESIDENT-ELECT

Kathryn McDonald, MM

Kathryn McDonald is Executive Director of Stanford University's Center for Primary Care and Outcomes Research and Stanford's Freeman Spogli Institute for International Studies' Center for Health Policy, Senior Scholar in the Department of Medicine, and Associate Director of the Stanford-UCSF Evidence-based Practice Center. In recent years, her research has focused on measuring and improving patient safety, health care quality and coordination of care. She led the development of the publicly released AHRQ Patient Safety Indicators, the recently launched AHRQ Pediatric Quality Indicators, and a series of evidence reports on quality improvement strategies ("Closing the Quality Gap"). She holds a B.S. degree in chemical engineering from Stanford University and a Masters of Management degree (M.B.A. equivalent) from Northwestern University Kellogg School of Management with concentrations in health services management and organizational behavior. She has worked in a variety of settings – industry (medical device), hospitals, and academia.

Ms. McDonald joined SMDM in 1994 because of the terrific thinking and interesting people present at her

first annual meeting. She was just transitioning into academia as Project Director for the Cardiac Arrhythmia Patient Outcomes Research Team, and saw SMDM as a great place to learn advanced methods for analyzing solutions to pressing health care challenges. At the time she didn't know that she also would learn about the many rewards of service to SMDM. Last year she was deeply honored to receive the Saenger Distinguished Service Award from SMDM. She has served on the SMDM Board of Trustees from 2000 to 2005 as Secretary-Treasurer and Vice President. She has chaired and participated in numerous standing committees (Publications, Education, Development, Program, Membership, and Finance), served on the Editorial Board of *MDM* and chaired two ad hoc committees (Advisory Task Force, Executive Director Search).

VICE PRESIDENT-ELECT

Nananda Col, MD, MPP, MPH, FACP

A graduate of Dartmouth College (BA), Harvard's Kennedy School of Government (Masters in Public Policy), UMass Med School (MD), and UMass School of Public Health (MPH), Nananda Col completed residencies in Internal Medicine and Preventive Medicine (both at

UMassMed-Worcester), a geriatrics research fellowship (Beth Israel Hospital), and fellowship training in Clinical Decision Making, Telemedicine, and Informatics at Tufts-New England Medical School. Dr. Col served on the faculty at the New England Medical Centre (NEMC) for 3 years after completing residency, then at Brigham and Women's Hospital. Just last year she accepted the position as Director of the Center for Outcomes Research and Evaluation (CORE) at Maine Medical Center. Dr. Col's initial interests in the field were in developing patient-specific risk prediction models, but this expanded over the years to developing web-based decision aids with embedded risk models, introducing decision support tools into clinical practice, and incorporating patient preferences into decision support. Her current research interests are at the juncture of evidence-based medicine, behavior change, decision sciences, and medical informatics — bridging population-based research with shared decision making in order to improve patient-centered care. Major new directions in the works at CORE include a National Children's Study Center and a Center of Biomedical Research Excellence (COBRE) grant in Patient-Centered Decision Making and Informatics.

SECRETARY TREASURER-ELECT

Miriam Kuppermann, PhD, MPH

Miriam Kuppermann is Professor of Obstetrics, Gynecology & Reproductive Sciences and Epidemiology & Biostatistics at the University of California, San Francisco, School of Medicine. She is a founding member and on the Steering Committee of the Medical Effectiveness Research Center for Diverse Populations, and she is an affiliate of both the Center for Health and Community and the Center for Human Genetics at UCSF. Dr. Kuppermann's work investigates the role of patient preferences in screening, diagnosis and treatment decisions. In addition, she develops and evaluates decision-assisting tools to help women to make informed decisions regarding obstetric and gynecologic interventions. Much of her professional efforts have focused on challenging guidelines for prenatal genetic testing using an evidence-based approach and developing prenatal genetic testing decision aids for diverse populations. In 2005, Dr. Kuppermann became the first recipient of the American College of Medical Genetics Foundation/Tm Bioscience Award entitled "Promoting Safe and Effective Genetic Testing Services."

Dr. Kuppermann has been a member of SMDM since 1993. She served as Trustee from 1999-2001; she was on the Nominations Committee in 2002-2003; and she is currently on the Awards Committee (2007-2009). Two of her trainees have won the 1st Place Lee B. Lusted Student Prize (Ryan Harris MD MS, 1998, and Aaron Caughey, MD, MPP, MPH, 2003).

TRUSTEE

R. Scott Braithwaite, MD, MSc, FACP

R. Scott Braithwaite, MD, MSc, FACP is an Associate Professor of Medicine in the Section of General Internal Medicine at Yale University School of Medicine, and a Robert Wood Johnson Physician Faculty Scholar. Dr. Braithwaite received his Bachelor's Degree in Physics from the Massachusetts Institute of Technology, received his MD degree from the State University of New York at Stony Brook, and trained in Internal Medicine at the University of Washington. He completed a research fellowship in Decision Analysis and Medical Decision Making at Tufts University, and received a Masters Degree in Clinical Research at the University of Pittsburgh. He is active in the Society for Medical Decision Making and has chaired the scientific review committee for the 2006 and 2007 national meetings, as well as serving the organization in many other capacities (e.g., Lusted review committee, "Meandering Meeting Mentor"; career panel, frequent chair of abstract sessions). Dr. Braithwaite occupies an exciting niche at the intersection of health services research and the decision sciences, working to improve the transparency and applicability of cost-effectiveness analysis (CEA) so that it can more easily be used by policymakers. Specific areas of emphasis include making CEA evidence assumptions more transparent (e.g. sensitivity analyses based on strength of evidence), informing decision rules for applying CEA results (e.g. updating the \$50,000 per QALY rule), and identifying emerging policy levers to which CEA results can be linked (e.g., value-based insurance design). Dr. Braithwaite is also very interested in the emerging relationship between comparative-effectiveness and cost-effectiveness research.

TRUSTEE

Cindy L. Bryce, PhD

Cindy L. Bryce, PhD, is an Associate Professor of Medicine at the University of Pittsburgh's School of Medicine and a core faculty member of the Section for Decision Sciences and Clinical Systems Modeling. She also has a secondary appointment in the Graduate School of Public Health's Department of Health Policy and Management and is an affiliate of the Center for Bioethics and Health Law. Cindy graduated from Northwestern University and received her doctorate in policy analysis, with an emphasis in quantitative methods and decision sciences, from Carnegie Mellon University. She then completed a postdoctoral fellowship with the Department of Veterans Affairs' Center for Health Services Research in Primary Care (Durham, NC) before returning to Pittsburgh.

Cindy's research interests focus on economic evaluation, medical decision making, and quality of life, mostly in organ transplantation policy and end-of-life decision making. She has been a co-investigator on the computer simulation model of the U.S. liver transplantation process (principal investigator, MS Roberts) and received a Career Development Award from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to estimate the prevalence of liver disease in Pennsylvania. She is the principal investigator of a study funded by the National Institute on Aging to assess individual preferences for end-of-life care, and she has funding from the Greenwall Foundation to examine the burden of decision making on family members of patients admitted to the intensive care unit.

Cindy joined the SMDM in 1998 and has participated on the Membership Committee for the past 4 years. She was the Co-Chair for the 2007 Annual Meeting of the SMDM, which was held in Pittsburgh, Pennsylvania.

TRUSTEE

Bruce R. Schackman, PhD

Bruce R. Schackman is Associate Professor of Public Health and Chief of the Division of Health Policy in the Department of Public Health at Weill Cornell Medical College. After earning a B.A. and an M.B.A. from Harvard University, he worked as a management consultant with McKinsey & Company, as a manage-

ment expert in the Office of the Commissioner of the Food and Drug Administration, and as a managing director for health care venture capital investments in a financial services firm. He then returned to Harvard, where he earned his PhD in 2001 in health policy with a concentration in decision sciences. The focus of his research is cost-effectiveness modeling, quality-of-life measurement, and access to health care by underserved populations — particularly relating to treatment of infectious diseases and substance abuse. His current research projects include economic evaluations of HIV, hepatitis C, and opioid dependence treatment in the United States, and

screening and care for HIV and syphilis in Haiti. This research is supported by the NIH/National Institute on Drug Abuse, the Health Resources and Services Administration, the Robert Wood Johnson Foundation, and the World Health Organization. He also collaborates on economic evaluations alongside clinical trials conducted by the NIH-sponsored AIDS Clinical Trials Network and National Drug Abuse Treatment Clinical Trials Network. He has served on the SMDM Scientific Review Committee (2005-present), Nominations Committee (2006), Executive Director Search Committee (2006), and Development Committee (2007-present), and is co-chair of a new Global Health Policy Initiative Working Group.

Call for Board Member Nominations

The Nominations Committee of the Society for Medical Decision Making (SMDM) is soliciting nominations for the following positions on the Board of Trustees: President-Elect, Vice President-Elect and 3 Trustees.

We invite you to submit the names of SMDM members whom you believe would serve the society well. Self-nominations are encouraged. The Nominations Committee will consider all submitted names. At least 2 nominees will be selected for each position to be elected. Upon approval of the slate by the Board of Trustees, the list of nominees will be sent to all SMDM members. Additional nominees then will be accepted by petition, as described by the society's regulations.

Please submit your nominations to Gillian Sanders, Nominations Committee Chair and SMDM Past President, prior to February 27, 2009, or contact her directly if you have any questions regarding the nomination or election process.

Gillian Sanders PhD, Duke Clinical Research Institute
2400 Pratt 0311 Terrace Level
Durham, NC 27705
Phone: 919-668-7824 Fax: 919-668-7824
sande057@notes.duke.edu

DEADLINE FEBRUARY 27, 2009

Survey for Researchers

Researchers at Carnegie Mellon University are conducting a survey on research practices. Many thanks to those of you who took the survey at the SMDM annual meeting last fall in Philadelphia.

If you haven't already participated and would be willing to do so, it's not too late — you can take the survey online by visiting:

www.andrew.cmu.edu/user/lkjohn/ResearcherSurvey2.html

The survey will ask you about your personal perceptions of and experiences with different research practices. The survey only takes 10-15 minutes and would be a tremendous help to a graduate student's dissertation research.

If you have any questions, comments, or suggestions about the study, please contact Leslie John at lkjohn@andrew.cmu.edu.



Final Rule Issued for Patient Safety Organizations

Press Release from the Agency for Healthcare Research and Quality (AHRQ) on November 21, 2008

The U.S. Department of Health and Human Services (HHS) has issued a final rule for Patient Safety Organizations (PSOs).

The rule becomes effective on Jan. 19, 2009. It provides final requirements and procedures for PSOs, new entities with which clinicians and health care providers can work to collect, aggregate and analyze data—within a legally secure environment of privilege and confidentiality protections—to identify and reduce patient care risks and hazards.

"I expect the final rule and the creation of Patient Safety Organizations to greatly improve the quality of health care for all Americans," HHS Secretary Mike Leavitt said. "By making it easier for clinicians and health care organizations to report and learn from adverse events without fear of new legal liability, we will be able to improve our Nation's health care systems and minimize factors that can contribute to mistakes."

Under interim guidance issued on Oct. 8, AHRQ has already listed 15 PSOs. During the remainder of the interim period, these organizations will maintain their status as PSOs. However, these and other PSOs listed throughout the interim period are expected to comply with the final rule once it takes effect.

"The Patient Safety Organization final rule describes the clear, legally protected framework for how hospitals, clinicians, and health care organizations can work together to improve patient safety and the quality of care nationwide," said AHRQ Director Carolyn M. Clancy, MD

The listing of PSOs is authorized by the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act). The Patient Safety Act is intended to encourage voluntary, provider-driven initiatives to improve the safety of health care through the establishment of legal protections to ensure that providers who report patient safety information do not incur new legal liability; to promote rapid learning about the underlying causes of risks and harms in the delivery of health care; and to share those findings widely, thus speeding the pace of improvement.

The final rule is consistent with many of the provisions of the proposed rule issued on Feb. 12. However, it also includes new requirements for PSOs, such as:

- The requirement that a PSO notify providers if the patient safety work product it submits is inappropriately disclosed or its security is breached.
- Requirements for how a component PSO maintains separation between itself and its parent organization(s) have been made more flexible.

The final rule also makes several important changes from those in the proposed rule regarding the listing and delisting of PSOs and the ways in which PSOs must comply with statutory requirements, including:

- Expansion in the types of entities and organizations excluded from listing as PSOs.
- Revisions to how PSOs should disclose certain relationships with health care providers.

- Increased flexibility in how PSOs can store patient safety work product.
- Automatic expiration of Departmental listing after 3 years unless a PSO's listing is continued by the Secretary.
- An expedited delisting process for PSOs in a limited number of serious circumstances.

AHRQ administers provisions dealing with PSO operations, and the HHS Office for Civil Rights (OCR) enforces confidentiality provisions. The final rule addresses concerns regarding how providers may efficiently collect and analyze patient safety event information with privilege and confidentiality protections while complying with existing reporting requirements that seek similar information.

"OCR is pleased to partner with AHRQ to protect and ensure the confidentiality of the information used by providers and PSOs to improve the safety and quality of patient care nationwide," said OCR Director Winston Wilkinson.

To read the final rule and access more information about PSOs, including background on the rulemaking process, visit AHRQ's PSO Web site at <http://www.pso.ahrq.gov>. Additional information about the confidentiality and disclosure of patient safety work product may be found at OCR's Web site at <http://www.hhs.gov/ocr/psqia/>.

Policy and Procedure for Developing SMDM Position Papers on Methods

BACKGROUND

The Society is interested in soliciting, preparing, and endorsing high quality guidelines, and position papers on a variety of methodological topics of relevance to the membership, and to the clinical decision-making and policy-making communities. For example, the first position paper drafted focuses on recommendations for the design and reporting of mathematical and simulation models for disaster preparedness evaluations. The position relates to methods (modeling) advanced by our members, while the application is an area of critical clinical and policy importance internationally (disaster preparedness). The objective of this endeavor is for the Society to leverage the expertise of its members to develop a set of landmark position papers for submission to *Medical Decision Making*.

The purpose of this document is to encourage interested members to participate in this process and to establish a set of guidelines for producing these documents. Because the position papers will be written by members volunteering their time for this effort, the Board wishes to facilitate the process to the extent possible by ensuring speedy turn-a-round when topics are brought to the Board for consideration and during the editorial process. However, neither approval by the Board of the topic nor acceptance by the journal will be guaranteed.

The SMDM Board of Trustees is assisted by the Issues in Methodology Group (IMG) to implement the policies and procedures for developing SMDM position papers.

TOPIC SELECTION

The topics addressed in these papers should generally be of broad interest to the membership and cover timely methodological issues of relevance. A key test of relevance is the likelihood that the position paper would matter to medical decision-makers (whether clinically or policy oriented), or to those who provide supporting information for their decisions. In addition, topics of interest may include those aligned with the theme of an upcoming Annual Meeting.

Topics may be selected in several ways:

1. Member Initiated Research: Individual or groups of members may select a topic of interest. This could, for example, occur within the context of the Special Interest Groups. If there is sufficient expertise and interest among these members, they may propose doing the work themselves. Alternatively, members may bring to the attention of the Board topics of interest and ask the Board to solicit members interested in doing the work. The mechanism for bringing topics of interest to the Board is through an email to the Executive Director.

2. Society Initiated Research: The Society, through the IMG, will consider key topics of relevance to the membership and solicit the production of position papers on these topics from the membership.

DEVELOPMENT OF A WORKING GROUP/ AUTHORSHIP CONSIDERATIONS

The IMG decides that a proposed topic, initiated in one of the ways detailed above, is in need of a SMDM position paper (via survey of IMG members).

Once this decision is made, the IMG posts the topic on the web and emails the membership to allow members to volunteer for a working group. Members will have three weeks to sign up for membership in the working group (by registering through the web or by email to the Executive Director depending upon web capability at the time). The working group will develop a proposal for review by the IMG, and if moved forward, presentation to the Board for a decision.

IMG identifies an appropriate and willing person to take the lead for proposal of a given topic. This person's name will be posted on the web site and sent in an email. Members will be encouraged to sign-up for the topic writing group. This person will identify a proposal writing group from the working group. All members of the proposal writing group will clarify upfront any potential or real conflicts of interest in their participation in the effort. The proposal writing group will first prepare a brief (1-2 page) document for the Board and IMG that addresses the following questions:

- What are the key questions to be addressed in the position paper?
- Who are the members of the working group and what will each contribute to the preparation of the position paper? A lead author needs to be designated, and this person will have the responsibility for all authorship decisions for the manuscript. This person also has responsibility to assure a transparent process for selecting a writing group from the initial working group.
- How will the key questions be addressed?

The IMG will review a working group proposal within one month of receipt of the proposal.

REVIEW OF DRAFT PROPOSAL

The IMG reviews and makes a recommendation to Board on each position paper proposal that comes before it. Specifically, the IMG forwards the draft document from the working group with the IMG's recommendations for proceeding or not, and any further suggestions. Then, the Board either approves or not that it is an area where a position paper is needed and where SMDM members can offer insight etc. The Board may also offer further suggestions to the paper working group at this time.

The Board will make a decision within two months of receipt from IMG.

If approved by the Board, the topic writing team prepares a manuscript within 18 months of board approval and submits to the Medical Decision Making (*MDM*) journal where it undergoes normal editorial process. During those 18 months, the draft paper will be presented at the SMDM Annual Meeting for discussion among the membership.

After initial reviews are back the manuscript is posted, with reviews, on a member-only part of the website. Membership is made aware of its availability and invited to comment. (Note: This step assumes that the reviewers believe that the manuscript has merit. If not, the Editor may choose to reject a manuscript at this step.) While the manuscript is up for member comment, authors can spend that time to respond to reviewers. The comment time for members will be one month.

The Board receives the manuscript, along with *MDM* reviewer comments (and responses if available) and member comments. The Board votes whether to ratify the paper as a position of SMDM. All Board members will vote, and a majority is required for ratification. Board members involved in authorship of the position paper must recuse themselves from discussion and voting.

Manuscript is published in *MDM* if accepted, as a position paper if ratified, as a regular article if not.

DOCUMENT FORMAT

The format of the content will be allowed to vary but the title should indicate that it is an SMDM Position Paper. The abstract and introduction (or methods as appropriate) should also mention SMDM and the process. In general, SMDM Position Papers should consist of two documents, a one or two page document for a general audience with a journal article as back-up. A list of the full working group should be included at the end of the paper.

FUNDING AND SOCIETY SUPPORT

The Society will provide up to \$500 per position paper routinely to support incidental costs associated with the effort. The IMG chair will direct the funds. Members will be expected to donate the time required to produce the work. SMDM will provide conference call services and a password protected page on the SMDM website. SMDM may be able to use docs.google.com for sharing and commenting on documents. If additional funding is needed, a request must be made to the Board for review.

PRESENTING/DISSEMINATION OF POSITION PAPER

To maximize the potential impact of the position papers, the Society will endeavor to ensure that the papers are widely available to members and non-members. In addition to publication of the text of the Position Paper in *Medical Decision Making*, the working group will be expected to present their research, findings and position paper at the SMDM Annual Meeting during a special position papers session. The position papers will be featured in the Society newsletter and on the Website.

Save the Date!

2009 SMDM Annual Meeting:
**“Clinical Decisions in Changing Environments:
 Patients, Providers, and Policy”**
October 18 - 21, 2009
Hollywood (Los Angeles), California

Co-chairs: Alan Schwartz, PhD (alansz@uic.edu) and Brendan Delaney, MD (b.c.delaney@bham.ac.uk)

The **Diagnostic Errors in Medicine 2nd Annual Meeting** will be held immediately following the SMDM meeting in the same hotel. Watch for details about joint registration.

WHAT SHORT COURSES DO YOU WANT TO SEE AT THE 2009 MEETING?

Are there courses we're not teaching at SMDM that we should? Are there courses you have taken (or heard of) that you'd recommend SMDM teach again? Are there courses you are interested in teaching? We want to hear from you.

Please submit your topic ideas to the SMDM Short Course Co-Chairs, Jalpa Doshi (jdoshi@mail.med.upenn.edu, 215-898-7989, fax 215-898-0611) or Ken Smith (smithkj2@upmc.edu, 412 647-4794, fax 412 246-6954) by February 20, 2009.

SMDM Deadlines

FEBRUARY 27TH

Deadline for Nominees to the SMDM Board of Trustees, see www.smdm.org for details.

FEBRUARY 27TH

Deadline for Nominations for 2009 Awards, see www.smdm.org for details.

MARCH 1ST

Deadline for short course submission for the 2009 SMDM Annual Meeting.

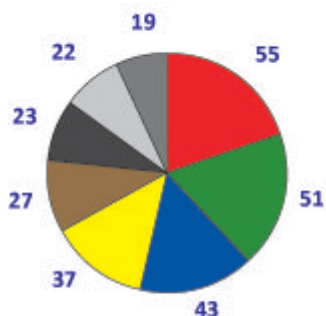
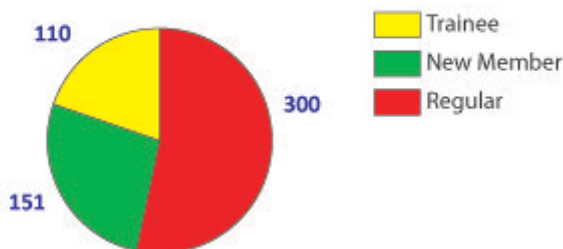
Keep a lookout in the Spring Newsletter for information about the 2009 Annual Meeting

Thank you, **Beate Sander**, for your valuable assistance with this issue.

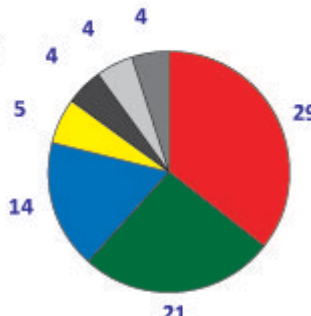
Registration counts by membership type

FUN FACTS:

Who attends SMDM Meetings?



U.S. registration
 (States with fewer than 15 not represented)



International registration
 (Countries with fewer than 4 not represented)



Rehabilitation Outcomes Research Center

VA HSR&D/RR&D Research Enhancement Award Program



REAP Director Opening

Rehabilitation Outcomes Research Center
North Florida/South Georgia Veterans Health System
Gainesville, Florida

The Rehabilitation Outcomes Research Center (RORC) at the North Florida/South Georgia Veterans Health System in Gainesville, Florida, seeks a MD or PhD to serve as its Director/Principal Investigator. The RORC is a Research Enhancement Awards Program (REAP) in the field of health services/rehabilitation research in the Department of Veterans Affairs. Its mission is to conduct interdisciplinary research that improves the health, function, and community reintegration of veterans with disability. Outcomes of interest include: Health, Function, Independence, Quality of Life, Community Integration, Access, Quality, and Cost. The REAP has several new initiatives in access to health care in rural areas and telehealth.

The RORC-REAP Director will have administrative, strategic planning, research, teaching and/or clinical responsibilities and is also expected to mentor junior investigators at the Center. He/She should be at or above the Associate Professor (or equivalent) level. The Director is expected to take advantage of the outstanding research opportunities at the North Florida/South Georgia VHS and the University of Florida. Collaborative partners include a Geriatrics Research Education and Clinical Center (GRECC), the Brain Rehabilitation Research Center, a Claude D. Pepper Older Americans Independence Center (OAIC) and the McKnight Brain Institute. It is anticipated that the Director will have a joint appointment with a relevant department at the University of Florida. The successful candidate will have a Doctor of Medicine or Doctor of Philosophy degree and a track record of independent research in any of the following areas: health services, clinical epidemiology, evidence based practice, chronic disease management, geriatrics, general internal medicine, neurology, or rehabilitation. Gainesville is a college town in North Central Florida with abundant cultural amenities, low cost of living, excellent schools and close proximity to beaches and large metropolitan areas including Orlando, Tampa and Jacksonville.

Candidates with demonstrated leadership and administrative skills will be given preference. Salary will be determined by the successful candidate's background and experience. Review of applications will begin on October 1, 2008, and will continue until the position is filled. The NF/SG Veterans Health System is an Affirmative Action/Equal Opportunity Employer. US citizenship is required.

Please forward a letter or email of interest and a curriculum vita to:

Betty Britt, Human Resources (05B1)
North Florida/South Georgia Veterans Health System
1601 SW Archer Road,
Gainesville, FL 32608.
Email: Betty.Britt@va.gov

Posted 12/11/2008

The publication of any advertisement in the SMDM Newsletter or in any of SMDM's publications is neither an endorsement of the advertisers nor of the positions or services advertised. Advertisers and their agents assume sole liability for the content of advertisements and any claims made against SMDM and their agents arising from such ads. Advertisers agree to indemnify, defend and hold harmless SMDM and their agents from any and all liability from such ads.

The Institute for Clinical and Economic Review (ICIER) at the Massachusetts General Hospital

The Institute for Clinical and Economic Review (ICIER) at the Massachusetts General Hospital is seeking a Lead Decision Scientist. ICER works with clinicians, patients, manufacturers, and insurers to assess the comparative effectiveness of new medical procedures, devices, and drugs. ICER assessments are intended to enhance public dialogue about health care priorities while giving patients, physicians, and insurers the kind of tools they need to seek better value. Under direction of the Chief Review Officer, the Lead Decision Scientist will spearhead the structural development and/or modification of decision-analytic models examining the cost-effectiveness of new and emerging healthcare technologies.

Responsibilities include:

- Structural development of decision-analytic models and/or modification of existing models
- Coordination with academic and other health-economic experts on model conceptualization, scope, and definition
- Oversight of research and estimation of all model parameters, using both published and unpublished sources

- Conduct of all relevant programming activities, including model development, calibration and validation, testing, and debugging
- Conduct of all model simulations and analyses, including specification and conduct of one-way, multi-way, and probabilistic sensitivity analyses
- Preparation of presentations and relevant reports for economic component of ICER technology appraisals
- Development of online and/or application-based interactive versions of models, including all aspects of coding, testing, and debugging

Qualifications

- Master's degree or higher in decision sciences or another relevant discipline (e.g., health economics, outcomes research)
- Extensive experience with decision-analysis software (e.g., TreeAge, PrecisionTree)
- Extensive experience with interactive application programming languages (e.g., VisualBasic, Java, ColdFusion)
- Experience with other general programming languages useful in decision analysis (e.g., C++, SAS)
- Excellent oral and written communications skills
- High level of personal initiative, attention to detail, and ability to work independently

Contact Information: Please apply online at www.mghcareers.org and search using Job ID 2184790 or submit your resume to mneri@partners.org

Posted 12/16/2008



THE UNIVERSITY OF MICHIGAN
**Department of Industrial and
Operations Engineering**
FACULTY POSITIONS

The Department of Industrial and Operations Engineering at the University of Michigan invites applications and nominations for faculty positions beginning September, 2009.

We seek outstanding candidates for faculty positions in the areas of Health Systems Engineering, Financial Engineering, and Quality Engineering at all levels. Exceptional applicants in any of the above areas, broadly construed, as well as candidates in other research areas of the department are encouraged to apply.

Candidates must have a PhD and must demonstrate a strong commitment to high-quality research and evidence of teaching potential. Experience related to manufacturing and/or service operations is desirable. Candidates for Associate or Full Professor should have a commensurate record of research publications and are expected to provide organizational and research leadership, develop sources of external funding, build

relationships with industry, and interact substantively with faculty colleagues.

Candidates should provide (i) a current C.V., (ii) a list of references, and one page summary statements describing: (iii) career teaching plans; and (iv) research plans. The application review process will begin on November 1, 2008, but the positions will remain open and applications will continue to be reviewed until appointments are made.

We seek candidates who will provide inspiration and leadership in research and actively contribute to teaching. We are especially interested in candidates who can contribute, through their research, teaching and/or service, to the diversity and excellence of the academic community. The University of Michigan is responsive to the needs of dual career families.

Send inquiries and responses to:

Professor Lawrence M. Seiford, Chair
Department of Industrial and Operations Engineering
University of Michigan
1205 Beal Avenue
Ann Arbor, MI 48109-2117

The University of Michigan is a non-discriminatory, affirmative action employer. Posted 11/17/2008

Support the Society for Medical Decision Making

Making a charitable contribution to the Society for Medical Decision Making has never been easier. You may direct your gift to support an award program of your choosing, the annual meeting, or to further the field of medical decision making.

Just use the form below to make a tax deductible donation today.

Please remember the Society for Medical Decision Making when you are writing your will or trusts. You can make a gift to the Society of a set dollar amount, a percentage of your estate, or what is left after your loved ones have been cared for. Bequests to the Society are entirely free from federal estate tax and there is no limit on the amount you can leave to the Society. We can provide you with all the information you need to make such a gift.

Complete this form and send it to:

390 Amwell Road, Suite 403 • Hillsborough, NJ 08844 • Phone: 1-908-359-1184 • Fax: 1-908-359-7619 • info@smdm.org • www.smdm.org

Yes, I would like to support the Society for Medical Decision Making

I would like my contribution to support:

- Lee B. Lusted Student Prize Fund
- Future Annual Meetings
- SMDM for general support

DONATION INFORMATION

Donation Amount: _____

Check: Make payable to SMDM and mail to the above address.

Credit Card: VISA MasterCard AMEX

Account Number

Expiration Date

Name on Card

Signature

Check here if you would like additional information about leaving a gift to the Society for Medical Decision Making through your will or trust. Alternatively, you may contact **Jill Metcalf**, Executive Director of SMDM, directly at jill.metcalf@smdm.org or 619-316-7795.

