

©Society for Medical Decision Making

Newsletter

Vol.11, No.4

<http://www.gwu.edu/~smdm>

Winter 1999

2000 Annual Meeting to Return to SMDM's Birthplace

by Mike Hagen and Joel Tsevat

Looking for another millennium celebration? Join us in Cincinnati from 24-27 September 2000 for the 22nd annual meeting of the Society. Cincinnati hosted the very first SMDM meeting in 1979, and we're putting together a meeting that will celebrate the Society's growth over the years.

The meeting will take place at the Hyatt Regency Hotel in the heart of downtown Cincinnati. The Hyatt's central location provides easy access to downtown entertainment, shopping, and restaurants. Nearby attractions include the Taft Museum, the Art Museum, the Museum Center at Union Terminal (Children's and Natural History & Science Museums and Omnimax Theater), the Newport

Aquarium, Music Hall, Playhouse in the Park, the Aronoff Center, and Mt. Adams, with its quaint shops and lively nightlife. And for those of you who became addicted to gaming in Reno, the Indiana riverboat casinos are but a short drive.

Cincinnati is not only the birthplace of SMDM but also the birthplace of professional baseball. Those of you arriving over the weekend will be able to take in a Reds-Astros game at Cinergy Field (times TBA). Football fans might be able to catch the Bengals (God help them), who will be playing in a brand new stadium on the riverfront (the 2000 schedule is not out yet). Cincinnati also boasts the longest running 5-star restaurant in the

country, the Maisonette (an easy walk from the hotel). On the less expensive front, there are local favorites such as Skyline Chili, Greater's ice cream, and Montgomery Inn ribs.

The tentative theme for the meeting is "The Value of Health." As always, the meeting will focus on the presentation of high quality research and applications in clinical decision science. The abstract review committee will be spearheaded by Sue Goldie (sgoldie@hsph.harvard.edu) and Kerry Kilbridge (kk4h@virginia.edu), who plan to organize abstract submissions by clinical topic as well as by methodologic topic. Look for the call for abstracts in the spring.

continued on page 3

President's Column

by Mark H. Eckman

Every so often we get exposed to ideas that have ripened in other fields and disciplines, but have yet to find their way into our own armamentarium. There are several notable examples of such interdisciplinary discoveries that have subsequently been applied to the field of Medicine. Dr. W. Edwards Deming appreciated the power of statistical control processes used in production line environments, particularly by the Japanese, to involve their workforce in continuously improving the systems within which they

worked. In 1986, he gathered his beliefs about quality improvement techniques into a set of principles which he called the 14 points.¹ Not long after that, organizations such as the Hospital Corporation of America began applying this paradigm of Total Quality Control, or what is now referred to as Total Quality Improvement to processes of medical care.

The roots of Medical Decision Analysis itself stem from normative prescriptive techniques borrowed from the military and business worlds.

Howard Raiffa's classic text on decision analysis was written for business students.² In 1968, Lee Lusted published one of the first monographs suggesting how probability theory could be applied to medicine.³

Though he won't appreciate me referring to him as such, one of the Granddaddy's of Medical Decision Making, Steve Pauker, has once more looked beyond our discipline and seen an interesting light glowing beyond a distant mountain. He has come across

continued on page 4

'Mixed Optimism': Board of Trustees Report

by *Scott B. Cantor*

The tone of the Society for Medical Decision Making Fall 1999 Board Meeting was one of mixed optimism. Our Society faces significant financial and organizational challenges for the next few years. The Board wasted no time in reviewing the financial situation: The proposed budget was at a deficit, primarily because of the significant expenditures on the administrative office and the journal support. Based on current projections, \$42,000 would be required from fundraising efforts in order to balance the budget. It was decided that this was an attainable goal, but would require commitment from Board members to achieve. It was suggested that an industry council or advisory committee be formed to be able to better involve non-academic SMDM members. Roy Poses, Secretary-Treasurer, noted that the choice of journal may significantly affect the bottom line. In addition, it was voted to slightly increase the dues for 2000 to improve our finances.

The Board brainstormed over how to better involve members from industry. Suggestions included: an annual dinner, creation of a Development Committee, expectation of Board

members to raise money, added incentives for non-academic members to come to the Board meeting, creating a newsletter of highlights of the annual meeting, visit companies, going to ISPOR and other professional meetings, developing our website, and creating an institutional membership category. As discussed in the Presidential Address, the Board also discussed the possibility of merging or affiliating with another organization to create economies of scale and increase membership. Several organizations were mentioned as potential candidates for merger (see list above); however, the concern of maintaining SMDM's leading position as methodologists was raised. The tradeoff of influence versus financial viability was also discussed. The issue was not resolved, and further work will need to be done. A brainstorming session regarding the annual meeting was held. Many suggestions were raised, including how to make additional income from short courses, how to increase abstracts submissions, alternative formats, additional reminders and advertising, etc. Other topics discussed include the following:

22nd Annual Meeting. Joel Tsevat and Michael Hagen presented plans for the 22nd Annual Meeting to be held September 24-27, 2000 in Cincinnati. The possibility of having back-to-back meetings with the Society for Health Services research in Radiology should lead to greater attendance. Sue Goldie has been selected to be the Chair of the Scientific Review Committee and Mark Roberts will be the Coordinator of the Short Courses. A social event at the Cincinnati Zoo is planned.

The Board recognized that there were significant "start-up" costs to having a different site for our annual meeting. The Board discussed and decided that future meetings should be held in a limited number of cities that met some basic criteria: easy accessibility, significant number of SMDM members in the locale, and reasonable tourist attraction. In addition, the majority (approximately 3 of every 4) of meetings would be held on the East Coast, where a greater percentage of SMDM members live. The list of selected sites included: Boston, Philadelphia, Washington,

continued on page 6

Highlights from the 21st Annual Meeting

by *Myriam Hunink*

The 21st Annual SMDM meeting attracted many good abstracts and speakers. If you had the unfortunate experience of missing the meeting or could not attend all of the sessions, we composed the following highlights from the many excellent abstracts presented.

COST-EFFECTIVENESS ANALYSIS. **Rick Chapman** presented a comprehensive league table of cost-utility ratios and a sub-table of "panel-worthy" studies. 228 cost-utility analyses were identified including 647 intervention-comparator pairs. This league table provides a useful

reference. **Karl Claxton** presented a framework based on Bayesian decision theory for establishing the societal value of proposed clinical research which can be used to set priorities and inform the FDA decision about whether an economic claim for a new technology has been substantiated. **Chaim Bell** presented a comprehensive catalog of preference weights from published cost-utility analyses which may provide a useful reference tool. **Tammy Tengs** presented a catalog of 1000 health-related quality of life weights based on a systematic review of the literature and

the NHS economic evaluation database.

UTILITY AND OUTCOME ASSESSMENT. The Outcomes Assessment session addressed outcome measures from head (schizophrenia and Alzheimer's disease) to toe (lower extremity ischemia). **Judith Barr** presented data validating the Schizophrenia Outcomes Assessment Project 51-item Health Status Survey (SOAP-51), an outcomes measure useful for patient monitoring and management. **Peter Neumann** presented data comparing the Health Utilities Index (HUI) Mark 2 vs. the HUI Mark 3 in

continued on page 7

New and Improved SMDM Website . . .

As the new SMDM web editor, I am working with the other members of the websubcommittee to improve the SMDM website (www.smdm.org <<http://www.smdm.org/>>). The new website should be up and running to help bring in the New Year. Some of the changes that we are working to implement include:

- Links to and from related sites and organizations
- Links to the “canned talks”
- Increased prominence of the MDM Journal
- Links to databases and generic resources for CEA
- Jobs and fellowship listings and resources
- Search capabilities
- Related conferences and funding sources/ announcements
- Many more . . .

Please be sure to check out the new website and to let me know (sanders@stanford.edu) if you have any suggestions for changes/additions. We hope to provide a website which is beneficial to our membership and helps attract new members to the Society!

Gillian D. Sanders, PhD
SMDM Web Editor

2000 Annual Meeting *continued from page 1*

Mark Roberts (robertsm@msx.upmc.edu) will be the short course chair. We plan to have an outstanding array of didactic short courses on Sunday, 24 September. For the first time, we will solicit proposals for Sunday short courses (see call for short courses in this issue of the Newsletter). A new award will be given to the Sunday short course that receives the highest student evaluations. To try to attract persons from the region who haven't come to an SMDM meeting before, we are also investigating the possibility of putting on a slate of Saturday short courses, which would focus on topics identified by local and regional healthcare personnel.

The symposium will be organized by Peter Neumann (pneumann@hsph.harvard.edu) and David Meltzer (dmeltzer@medicine.bsd.uchicago.edu). Suggestions from the membership about topic, format, and

potential speakers are welcome.

The social event will take place on Monday evening at the world-renowned Cincinnati Zoo, which Newsweek has dubbed the “world's sexiest zoo” because of all of the animals born there. The zoo features white tigers, white lions, manatees, lowland gorillas, okapi, Komodo dragons, and just about any other animals you can think of; a new elephant exhibit is set to open next year. The weather in Cincinnati in late September is usually delightful (average highs in the mid-70s), so this should be a very enjoyable outdoor event. Bring your family!

There's plenty to do in the Queen City, and you can get there from here! The Greater Cincinnati/Northern Kentucky International Airport offers 575 daily non-stop flights to 111 cities in North America and Europe, including Toronto, Montreal, London, Paris, Brussels, Zurich, and Frankfurt. The airport was recently voted the best

in the US and second best in the world. Cincinnati is also an easy drive from Chicago, Detroit, Cleveland, Pittsburgh, Columbus, Dayton, Indianapolis, Lexington, and Louisville.

The Society has grown remarkably and matured in the years since its humble beginnings at the first Cincinnati meeting. Please join us (and bring along your family/friends/colleagues/confidants/bosses/anybody interested in decision making!) in returning to the Society's roots for the year 2000 meeting of the Society for Medical Decision Making. And if you would like to help with the meeting, please contact Joel (joel.tsevat@uc.edu), Mike (mhagen@assesstech.com), or any one on the program committee.

As the song goes, “See you in September!”

President's Column
continued from page 1

a powerful set of logical tools used extensively in business and manufacturing environments, the foundations of which come from a management methodology known as the Theory of Constraints (TOC). Like Deming and Lusted, he has appreciated the power of these tools and their applicability to problem solving in healthcare. He has carried this to the point of becoming a card carrying member of the American Production and Inventory Control Society (APICS), an association my wife belonged to years ago when she worked in a production and manufacturing environment.

TOC was originally developed and promoted by Eliyahu Goldratt, an Israeli physicist, in his book *The Goal* [Eli Goldratt and Jeff Cox, 1992, North River Press], followed soon after by *It's Not Luck* [Eli Goldratt, 1994, North River Press], and *Critical Chain* [Eli Goldratt, 1997, North River Press]. These should be required reading for all good decision analysts. The application of TOC to healthcare is in its infancy, and presents exciting parallels to the early days when Decision Analysis or Total Quality Control were first being applied to medicine and healthcare. Like decision analysis, TOC has its trees (e.g., *current reality tree*, *future reality tree*, *prerequisite tree*) and its own notational formalisms. The tools of TOC are used to accomplish a variety of tasks, including identifying bottlenecks (a.k.a. stenosis in medical parlance) or constraints in processes, resolving conflict, and identifying root causes and core conflicts (i.e., the disease) underlying the many undesirable effects (a.k.a. symptoms) seen when systems and processes function poorly.

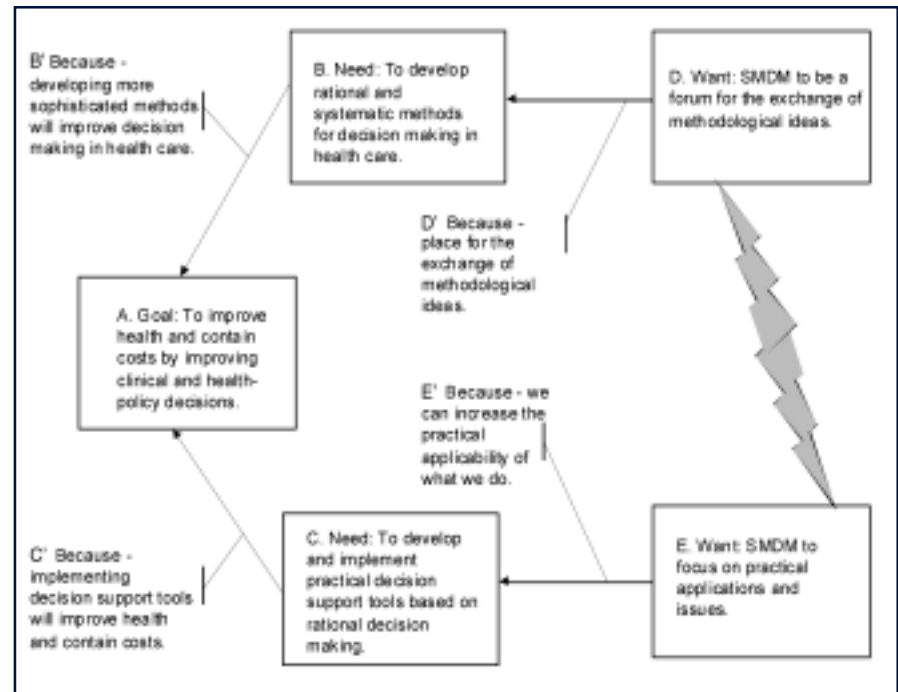
During the last two meetings of our Board, Dr. Pauker has (not so) gently nudged us to use some of the tools of TOC to approach some organizational decisions that have plagued us for some time. In particular, our Society has been struggling with apparently conflicting desires. On the one hand, we want to maintain

the SMDM as a haven and hotbed for methodological advancements in the decision sciences; while at the same time we want to have a greater impact on health care decision making through both a refocusing on practical applications (rather than theoretic development) and a substantial growth in our membership.

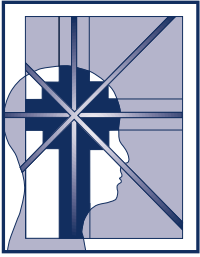
In this column, I want to share with you a tool of TOC known as an *evaporating cloud* to help identify and better frame for discussion this core conflict we face as a society. The figure below was prepared by your President Elect, Miriam Hunink and was used to help focus the Board's discussion of these issues during its last meeting. It should be read as follows: In order to achieve our goal (A), we need (B) because (B'), therefore we want (D) because (D'). However, in order to achieve our goal (A), we also need (C) because (C'), therefore we want (E) because (E'). The lightning

injection (i.e., a solution) that allows us to have both (D) and (E). More in my next column.

1. Deming WE. *Out of the Crisis*. Cambridge, MA: MIT;1986.
2. Raiffa H. *Decision Analysis: Introductory Lectures on Choices Under Uncertainty*. Reading, MA. Addison-Wesley, 1968.
3. Lusted LB. *Introduction to Medical Decision Making*. Springfield, Ill. Charles C Thomas, 1968.



bolt signifies a perceived conflict between (D) and (E). On the one hand we want (D), SMDM to be a forum for the exchange of methodological ideas, while on the other hand we also want (E), SMDM to focus on practical applications and issues. However, we can't have both. Or can we? Resolving the conflict will involve finding an



Society for Medical Decision Making

Call for Short Courses

22nd Annual Meeting, September 24-27, 2000: Cincinnati, Ohio

The Society for Medical Decision Making is soliciting proposals for short courses for the 22nd annual meeting in Cincinnati, Ohio. Courses will be given on Sunday, September 24th. Courses can be either half-day or full day.

Course Title			
Course Director:	Name: _____	Phone: _____	
	Address: _____	FAX: _____	
	_____	State: _____	ZIP: _____

Course Description and Objectives: *Provide a brief description of the goals and format of the course, and describe the concepts, skills or experiences that the participants will acquire by attending the course.*

Course Level:	<input type="checkbox"/> Beginner: (no prerequisite) <input type="checkbox"/> advanced: state prior experience required: _____ _____		
----------------------	---	--	--

Course Type:	<input type="checkbox"/> Half day <input type="checkbox"/> Whole day	Course size limit (if any):
---------------------	--	------------------------------------

List other faculty:		Return by January 15th, 2000 to: Mark S. Roberts, MD, MPP Center for Research on Health Care Montefiore University Hospital E-820 University of Pittsburgh 200 Lothrop Street Pittsburgh, PA 15213 (412) 692-4849 fax:(412) 692-4838 robertsm@msx.upmc.edu

The SMDM Newsletter is published quarterly by the Society for Medical Decision Making, The George Washington University Office of CEHP, 2300 K Street NW, Washington, DC 20037.

Phone: 202-994-8929
Fax: 202-994-1791
E-mail: smdm-office@smi.stanford.edu
Web Site: www.gwu.edu/~smdm

Editor:

Cathy J. Bradley, Ph.D., M.P.A.
Health Services Research
Department of Medicine
Michigan State University
B220 Life Sciences
East Lansing, MI 48824
Phone: 517-432-3405
Fax: 517-353-5436
E-mail: bradle81@pilot.msu.edu

Associate Editors:

Noriaki Aoki, MD (Technology)
Phone: 713-799-7168
Fax: 713-790-7052
E-mail: Naoki@bcm.tmc.edu

Jonathan Baron, PhD (Ethics)
Phone: 215-898-6918
E-mail: baron@psych.upenn.edu

Scott B. Cantor, PhD (SMDM
Board Liaison)
Phone 713-792-8645
Fax: 713-745-3674
E-mail:
sbcantor@mdanderson.org

Margaret Holmes-Rovner, Ph.D.
Phone: 517-353-3730
Fax: 517-353-5436
E-mail: mholmes@pilot.msu.edu

Frank Sonnenberg, MD (Internet
News)
Phone: 908-235-7145
Fax: 908-235-7144
E-mail: sonnenbe@umdnj.edu

Anne Stiggelbout, Ph.D. (International
News)
Phone: (31)715264575
Fax: (31)715266750
E-mail:
Stiggelbout@rullf2.medfac.leidenuniv.nl

'Mixed Optimism'
continued from page 2

Toronto, Chicago, San Diego, and San Francisco.

Medical Decision Making Journal. The Publications Committee reported that the journal's editorial office has been to New Jersey, with Sandy Plaskon having been hired as the full-time editorial assistant to Editor Frank Sonnenberg. Frank expressed the concern that reviewers were either taking too long to review manuscripts or that members of the editorial board were refusing to review. It was unanimously agreed that one of the criteria for serving on the journal's editorial board was willingness to review 4-6 manuscripts per year. Electronic publishing is becoming more of a reality; it is hoped that old issues could be scanned into the SMDM website for readability using Acrobat Reader.

Membership Slightly Down.

Mark Roberts reported on the Membership Committee. Membership numbers are slightly down, but still approximately 1000 members. There seems to be a publicity issue - SMDM members are encouraged to go to their companion professional society meetings (e.g. AHSR, ISPOR, APHA, SGIM, AMIA, ISTAHC, INFORMS, etc.) and advertise the benefits of SMDM membership.

Education Committee Efforts.

The effort to recruit people to donate PowerPoint slides for talks of interest to SMDM members continues; there are 9 talks in SMDM's resources. These talks will be reviewed by Education Committee members to ensure quality. It was recommended that the Committee paid particular attention to short courses held during the meeting, to be sure that topics and attendance were appropriate. An award for the best short course would be established (based on evaluations) in an attempt to continually improve the quality of the short courses. Joel Tsevat is stepping down as chair of the Education Committee; Karen Kuntz will be the new chair.

New Committee Chairs. In addition, several other committees will

have new chairs. For the Awards Committee, Sankey Williams is stepping down, and Milt Weinstein will become the new chair. For the Publications Committee, Ida Sim is stepping down, and Kathy McDonald will become the new chair. Bob Nease will be leading the reinstated Issues Committee; it will focus on fee structures and organizational structure of the Society. Finally Roy Poses will be Chair of a Development Committee, to determine how to best involve members from the non-academic community.

Closing Remarks. President-Elect Myriam Hunink's recommended two books "The Goal" and "It's Not Luck", written by Eliyahu M. Goldratt, discuss the theory of constraints as a way to approach conflict resolution. These books should give us insight into ways we can better work as a society and identify and implement solutions for our organizational challenges.



'Highlights'

continued from page 2

Alzheimer's disease (AD) in over 600 patient/caregiver pairs; although both measures discriminated well across AD states, the two measures yielded substantially different utilities for those states. Three talks, by **Drs. Volk, Wilkins, and Kattan**, were related to **prostate cancer**. **Dr. Volk** reported that-for both husbands and wives-preferences for treatment outcomes such as impotence and urinary incontinence, appear related to the husband's current functioning; wives anticipated less difficulty adjusting to such outcomes than their husbands. **Dr. Wilkins** reported that a video-based shared decision making program decreased the proportion of men requesting prostate-specific antigen (PSA). **Dr. Kattan** and colleagues studied 5-year outcomes of over 1000 patients with prostate cancer treated with radiotherapy. Based on clinical data, they developed a nomogram that accurately predicts the 5-year probability of treatment failure. **Dr. Palfreyman** reported the results of a decision analysis of potential treatments of **critical limb ischemia**. The

preferred strategy for most patients was angioplasty; the next best strategy was bypass surgery, with amputation being the least optimal.

RISK ATTITUDES. Both papers on risk attitudes received a prize in the Lee Lusted Student Prize competition (the 1st and the 2nd prize)! The first presentation (2nd prize), by **Allison Rosen and Stephen Downs** demonstrated a difference in risk attitude by gender, with African Americans being more risk tolerant, on average, than the Caucasian population. This may be part of the explanation of why procedure utilization rates differ by race. The 1st prize was won by **Phaedra Corso and JK Hammit**. They found that subjects with a higher income or education were less risk tolerant. Furthermore, they demonstrated that risk attitude (with respect to life years) depends on life expectancy and other characteristics of the choice. In addition, **Drs. Tengs and Berry** performed a simple but elegant study on the opinions of breast cancer physicians regarding risk reduction by preventive measures, in women who test positively for the BRCA1 gene. Physicians expressed a

much higher certainty in subjective estimates of risk reduction than warranted by the evidence to date. While most clinicians expressed uncertainty, many indicated 90% plausibility intervals that did not include the figures reported by a well-known large study. This overconfidence can be expected to have major implications for patient-doctor communication. **Dr. Col** and colleagues examined the value of tamoxifen for the primary prevention of breast cancer in women at varying risk for this disease. They found that tamoxifen's benefits outweighed its risks only among women at highest risk for breast cancer or among women without a uterus.

HIV. **Dr. Weinstein** and colleagues found that genotype-assisted resistance testing to was effective and cost-effective (\$26,200/QALY). These results were stable in the face of plausible changes in test costs and efficacy. **Dr. Schwartz** and colleagues conducted a cost-effectiveness analysis of three screening strategies for HIV in pregnant women in Chicago and found that universal screening of these women would prevent substantial HIV infected newborns and cost less than a strategy of no testing or voluntary testing. **Dr. Freedberg** et al., found that combination antiretroviral therapy initiated at a CD4 cell count of 200 increased per person total lifetime costs from \$52,700 to \$90,200 and quality-adjusted life expectancy from 23.38 months to 48.27 months with three-drug versus two drug regimens (incremental CE ratio \$18,000 per QALY gained). When this treatment was initiated earlier in HIV disease, it was even more cost-effective. Aslam Anis evaluated the cost-effectiveness of implementing a drug holiday while waiting for resistance test results versus immediate ritonavir and saquinavir in patients failing protease inhibitor therapy. They estimated the savings with resistance testing to be \$595 per patient over a time horizon of 90 days. **Mr. Zaric** found that over a ten year time horizon, expansion of methadone programs cost \$8,200/QALY and avert 70 HIV infections in a high prevalence

continued on page 8

'Highlights'

continued from page 7

community. Substantial QALY gains were among the noninjecting drug users. **Drs. Mrus** and **Tsevat** found that testing for HIV, followed by elective c-section, was the least expensive and most effective strategy when compared to no testing and when compared to no testing and ZDV therapy. **Dr. Pinkerton** and colleagues estimated the incremental benefits and cost-effectiveness of short course versus long course (current recommendation) zidovudine in pregnancy to prevent perinatal HIV transmission and found that despite the increased costs associated with long course transmission, the increased effectiveness in averting perinatal infection was cost-effective.

These are just some of the meeting highlights. Be sure to contact the authors for more information!

Editor's Note

The editors must hear from you so that the SMDM Newsletter can best serve your needs as members of the Society of Medical Decision Making. We are soliciting information relevant for the membership at large. We are specifically interested in, but not limited to, the following topics:

- Job Openings
- Announcements of Conferences or Seminars relevant to medical decision making
- Calls for Papers, Abstracts, or Nominees for Professional Awards
- References, articles, or book reviews pertinent to advancing the methods in medical decision making.
- Articles describing new initiatives at your institution, particularly new analytical tools or web-based models relevant to medical decision making. These can include descriptive studies, utility analyses, modeling activities, cost-effectiveness studies, etc.
- Articles describing a position debated in our field of interest such as ethical issues in accepting private funding, guidelines for conducting decision analyses, and patient-directed medical decision making.

SMDM Meetings

September 24-27,
2000 - 22nd Annual
SMDM Meeting,
Hyatt Regency,
Cincinnati, Ohio

October 21-24, 2001 - 23rd
Annual SMDM Meeting,
Sheraton Hotel and Marina,
San Diego, California

Your Ad Here!

Promoting an educational program? Recruiting for a new position? Or, selling a product or service? Reach over 1,000 SMDM members world-wide by placing your advertisement in the quarterly SMDM newsletter. Our rates and dimensions are:

Rates:

- Classified ads, \$50 up to 35 words.
- Quarter-page ads, \$150
- Half-page ads, \$250
- Full-page ads, \$400

Dimensions:

- A quarter-page ad is 4-3/4 inches high by 3-3/8 inches wide
- A half-page ad is 4-3/4 inches high by 7 inches wide.
- A full-page ad is 9-1/2 inches high by 7 inches wide.

**Contact Cathy Bradley at bradle81@pilot.msu.edu or
517-432-3405 for production schedules.**

Outcomes Research Positions

The University of Cincinnati Medical Center and the Cincinnati Veterans Affairs Hospital are seeking MDs or PhDs with clinical research training and experience in outcomes research, health decision sciences, clinical epidemiology, health services research, or clinical practice improvement to further their mission in promoting practice-based outcomes research.

The faculty member's primary responsibility will be to conduct collaborative outcomes research with both internal institutional and extramural grant funding. In addition, the faculty member will be involved in the clinical teaching programs and in part-time clinical practice (MDs). The faculty member will have an appointment in the Section of Outcomes Research of the Division of General Internal Medicine and an appointment in the University of Cincinnati's Center for Clinical Effectiveness in the Institute for Health Policy and Health Services Research. The VA position is a 5/8ths position, enabling the faculty member to be eligible for VA funding. Salary and academic appointment based on experience and background.

Send CV and cover letter to:

Joel Tsevat, MD, MPH
Director, Section of Outcomes Research
Division of General Internal Medicine
University of Cincinnati Medical Center
Box 670535
Cincinnati, OH 45267-0535
phone: 513-558-7532
fax: 513-558-2744
e-mail: Joel.Tsevat@UC.Edu

Direct inquiries regarding the VA position to:

Gary A. Roselle, MD
Chief, Medical Service
VA Medical Center
3200 Vine Street
Cincinnati, OH 45220
phone: 513-475-6317
fax: 513-475-6399.

The Health Alliance of Greater Cincinnati and the VA are AA/EOEs.

University Of Minnesota Faculty Position Announcement

The Department of Healthcare Management at the University of Minnesota Carlson School of Management seeks candidates for a tenured or tenure track faculty position at the assistant, or associate, or full professor level, depending on the candidate's qualifications, for appointment July 1, 2000 or later.

An earned doctoral degree in a field central to research and teaching in health care management is preferred (e.g. psychology, sociology, business administration, economics, or health services research.) Physicians with extensive training in health services research will be considered. Applicants must have strong research skills and the demonstrated ability to work effectively in an interdisciplinary setting. The successful candidate will be expected to conduct high quality research, mentor graduate and postdoctoral students, and teach graduate level course work. We are not specifying particular areas of teaching or research for this search.

The Department of Healthcare Management is located in the new Carlson School of Management building. Departmental programs include a premier residential MHA Program, which recently celebrated its 50th anniversary; the ISP Executive Studies Program; MBA concentrations in healthcare management; and a Ph.D. Program jointly sponsored with the Division of Health Services Research and Policy, School of Public Health. For more information about the University, the Department and the Carlson School, please visit our website at: <http://www.csom.umn.edu>.

Applicants should send a letter of interest, curriculum vitae, and the names of three references to: Jon Christianson, Ph.D., Search Committee Chair, Department of Healthcare Management, 3-140 Carlson School of Management, 321-19th Avenue South, Minneapolis, MN 55455, tel. 612/625-3849 email: chris001@tc.umn.edu

Review of applications will begin December 15, 1999 and continue until a candidate is selected. The University of Minnesota is an equal opportunity educator and employer.

Position Available For Postdoctoral Fellow

The division of Clinical Epidemiology and the department of Radiology at the Erasmus University Medical School in Rotterdam have a joint program for the Assessment of Radiological Technology (the ART program). The program's clinical research focuses on the assessment of diagnostic imaging procedures and image-guided therapies using methods from clinical epidemiology, decision sciences, and medical technology assessment. The program's methodological research focuses on the methods and study design for evaluating diagnostic imaging procedures. In this program there is an opening for a postdoctoral fellow. His/her main responsibility will be to perform research, defining an own area of expertise. Limited involvement in student advising and teaching will be expected. Promotion to instructor or assistant professor in the future is possible.

The postdoc will be given the opportunity to participate in advanced courses of the Netherlands Institute for Health Sciences (NIHES). Please send your letter and cv to M.G.M. Hunink, MD, PhD, Prof of Clinical Epidemiology, Dept of Epidemiology & Biostatistics and Dept of Radiology, Erasmus University Medical School, Room EE21-40a, PO Box 1738, 3000 DR Rotterdam, The Netherlands. tel: 31 10 408 7391 fax: 31 10 408 9382 email: hunink@epib.fgg.eur.nl

Society for Medical Decision Making

c/o The George Washington University
Office of Continuing Education in the Health Professions
2300 K Street, NW
Washington, DC 20037

First Class
U.S. Postage
PAID
Permit No. 593
Washington, D.C.

Inside:

- *Annual Meeting Returns to Birthplace*
- *'Mixed Optimism': Board of Trustees Report*
- *President's Column*
- *Plus much more . . .*