



U.S. Department of Veterans Affairs

Veterans Health Administration  
VA Portland Health Care System

VA Portland Health  
Care System

Health Services Research  
& Development

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Challenges Finding and Maintaining Work Among Veterans with TBI

Many Veterans find difficulty transitioning into the civilian workforce upon leaving military service. This challenge has prompted the Department of Veterans Affairs (VHA) to create programs to assist Veterans in finding employment. However, of the Veterans who use these services, less than 1% have a traumatic brain injury (TBI) despite 9.6% of all Veterans accessing VA services having a diagnosed TBI. Veterans with TBIs frequently have difficulty finding and keeping employment, inspiring CIVIC's **Dr. Jessica Wyse** and **Dr. Carlson** and colleagues to examine Veteran experiences with employment after TBI.

The research team's interviews with Veterans uncovered many issues they experience finding and maintaining employment after military service. Many Veterans living with TBI expressed challenges like an inability to do the civilian work they had participated in previously (e.g., construction work at high heights), and reported cognitive problems that negatively affect their sleep, vision, and memory and led to reduced job performance. Some Veterans shared that interactions with coworkers could trigger emotions that required constant energy to manage, and could lead to arguments, misunderstandings, and miscommunication with colleagues.

While Veterans described substantial need for employment supports, they also described significant barriers to accessing and making use of VA vocational rehabilitation programs. Communication and logistical issues impeded program access, while barriers to program utilization included eligibility



characteristics, fear of losing financial benefits, and a military-cultural belief of self-sufficiency that made help-seeking difficult.

To address these challenges and to bridge the gap between Veterans and employers, study authors suggest that VA consider employing an advocate who could explain and navigate employment support programs to Veterans, as well as explain military culture and traumatic brain injury to employers. Dr. Wyse and Dr. Carlson's study points to a general need for additional resources in the VA system to educate, advocate, and assist Veterans with navigating support programs in addition to specifically addressing the needs of specific Veteran populations, such as those with TBI.

[Read more about this CIVIC study here](#)

Upcoming Events

HSR&D CIVIC Research Conferences, Fridays from 9:30am—11:00am  
Room 214, Building 6 unless otherwise noted

June 21st

**Drs. Devan Kansagara, Shannon Nugent, & Ben Morasco present:**

Survey of Cannabis Dispensary Staff

July 12th

**Drs. Kathleen Carlson, Denise Hynes, Lauren Denneson & Jason Chen & Tess Gilbert present:**

Methods Snapshot: SPAN, VA/DoD Identity Repository (VADIR) and OHSU/VA RED-Cap—You have to Attend to Find Out What These Are!

July 26th

**Dr. Kathleen Carlson presents:**

Linkage of VA and OCHIN Data to Nation Violent Death Reporting System (NVDRS) Data to Evaluate Risk factors for Suicide

August 16th

**Dr. Sam Edwards and Liz Hulen present:**

Social Complexity in VA Home Based Primary Care



## Illuminating the Path: Enhancing Well-being Among Veterans with Suicidal Ideation

Veterans are almost twice as likely to die by suicide than civilians, making effective suicide prevention strategies a high priority in health services research. Increasing psychological well-being, by strengthening one's purpose in life, autonomy, personal growth, positive relations, and self-acceptance, may be one way to protect against suicide risk. CIVIC's **Dr. Lauren Denneson** and colleagues are one of the first teams to examine a health coaching intervention as a way to increase Veterans' psychological well-being among post-9/11 Veterans at increased risk for suicide.

Whole Health Coaching is based on the Whole Health model, VA's patient-centered care approach that emphasizes what matters most to Veterans. Whole Health Coaching uses reflective listening, motivational interviewing, goal-setting, and goal-achievement to increase psychological well-being. The health coaching intervention occurred over the phone once a week for a total of 8 weeks and each session was approximately 30 – 60 minutes. In addition to assessing psychological well-being and mental health symptoms before and after the intervention, the study team conducted qualitative interviews to learn about Veterans' experiences with health coaching.

Dr. Denneson and team found increases in psychological well-being and mental health symptoms among Veterans who participated in Whole Health Coaching. Moreover, Veterans were greatly satisfied with the program, reported feeling, "hopeful," and described themselves as, "in a lot better place." One participant shared they have, "a direction I am going in now, and I got a path to look forward to now. Whereas before, I did not see that. I guess you could say it illuminated the path."



In addition to the positive feedback, Veterans suggested some possible improvements that could be made to the program. Participants expressed that they wished to engage in discussions around deeper topics during the program or allow time in the program if a participant wished to discuss such a topic. Veterans benefited from setting smaller, short-term goals that they could achieve relatively quickly, fostering a sense of competence. Providing more information about available VA resources and offering additional coaching sessions were also identified as possible improvements.

Dr. Denneson's findings support the VA's Whole Health mission and further strengthen the evidence that patient-centered care is beneficial to Veterans. Additionally, the present study opens the door for more research on the effectiveness of health coaching and demonstrates the acceptance of this approach for supporting Veterans at risk for suicide.

**[Read more about Dr. Denneson's study here](#)**

## CIVIC Announcements:

**Dr. Sarah Ono** and colleagues at the Southeastern Louisiana Veterans Health Care System have opened a photovoice exhibit at the Multnomah County Building (501 SE Hawthorne Blvd). You can view this powerful exhibit during regular business hours from May 23, 2019 through June 27, 2019.

Do you like soup? You're in luck, **CIVIC Soup Club** meets every Monday (except the first one of the month) at 12pm in the 214 Conference Room. Summer signups are happening now. You can find sign up sheets in the CIVIC shared folder. Come hungry.

CIVIC has welcomed a number of new employees since our last issue. Greetings to **David Cameron** (O'Neil), **Victoria Elliot** (Dobscha), **Avery Laliberte** (Chen, Edwards, & Hynes), **Wynn Strange** (Teo), and **Allison O'Neill** (CIVIC analyst). If you see them around, be sure to say "hi!"

**Emily Metcalf** (Teo) successfully sat for the Society of Clinical Research Associates (SOCRA) exam to earn a Certified Clinical Research Professionals (CCRP) credential. Congratulations Emily!

In bittersweet news, **Emily Kenyon** (Dobscha) and **Lauren Sawyer** (Tuepker) will be leaving CIVIC to begin graduate school this fall. Emily will be attending the OHSU clinical psychology program as part of the inaugural class. Lauren will be attending University of Washington to earn MPH/RD dual degrees.

CIVIC investigators have been busy and were recently awarded a series of new grants:

- **Drs. Steve Dobscha** (PI), **Kathleen Carlson**, and **Lauren Denneson** received a VA merit award for their proposal entitled "Understanding Impact of VHA's New Suicidal Ideation Screening Initiative: Veteran's Perspective"
- **Dr. Dobscha** (lead PI) in collaboration with the Little Rock, AR and Ann Arbor, MI COINs was awarded a Consortium of REsearch (CORE) grant for their Suicide Prevention Network (SPRINT) project. COREs are intended to "accelerate research that will lead to measurable improvements to the care delivered to Veterans" in VA priority areas.
- **Drs. Denise Hynes** (Co-PI) and **Chris Slatore** (Co-PI) proposal entitled "Veterans Decision-making about VA Community Care Under the Choice Program: Should I Stay or Should I Go?" was funded through the new VA HSR&D RIVR (Research to Impact for Veterans) mechanism.



## CIVIC's Media Mentions and Accolades

A study by Dr. Travis Lovejoy and other CIVIC colleagues was mentioned in [the New York Times](#) article on opioid tapering.

[U.S. News & World Report](#) published an article on some of Dr. Alan Teo's work on depression in older adults.

Dr. Sam Edwards was a guest on Dr. Vinay Prasad's podcast [Plenary Session](#) on episode "1.25 Welch's Legacy, Interpreting NGS, Uncertainty over Pregabalin, Beyond EBM with Dr. Sam Edwards."

Work by Dr. Steven Dobscha was discussed on [Psychiatric Services From Pages to Practice](#) podcast in episode 23 "Transforming Inpatient Care and Sharing Clinician Notes."

Dr. Kathleen Carlson was recognized by the OHSU-PSU School of Public Health Student Leadership Council with a Faculty of the Year award.

[VA Portland Health Care System's Research Day celebration](#) included Dr. Sam Edwards who spoke about his work on burnout among health care workers in primary care.

Dr. Jessica Wyse and colleagues, published an op-ed in The Hill entitled "[Thinking beyond prisoner reform to reintegration.](#)"

Dr. Alan Teo's work on hikikomori was featured in a recent [BBC article](#), in the [New York Magazine Intelligencer](#) newsletter, and in an article in [the New York Times](#).

An Oregon Health Forum [panel discussion on gun violence](#) included Dr. Kathleen Carlson.

Dr. Denise Hynes was a co-editor of a [Journal of General Internal Medicine special issue](#) focused on care coordination within VA and with non-VA providers and includes articles from other CIVIC investigators.



## Investigator Stories: The Making of a CIVIC Anthropologist



**Sarah Ono, PhD** is the "Qualitative Core Director" at CIVIC. In that role she works with other CIVIC investigators to effectively use interviews to help understand Veteran experience. She is also the senior facilitator of the CIVIC Veteran Engagement Group--Veterans who help CIVIC investigators improve the quality of their research. In both of these roles she uses skills that were pioneered primarily by anthropologists. Dr. Ono is a native

Portlander who took a class at Lincoln High School called Sociocultural Anthropology and realized she "did not see the world in discrete boxes." She was accepted into the International Studies magnet program at Lincoln and participated in exchange programs to Cote D'Ivoire (West Africa) and post-USSR Russia, Latvia, and Lithuania. Through these experiences she found other peers interested in anthropology and was attracted to their distinct way of thinking and viewing the world. She perceived, however, the gap between being attracted to a fascinating set of worldviews and pursuing anthropology as a profession. She was not a natural at learning new languages. She was worried (ok, terrified) about pursuing training in a field where the perception is "you have a doctorate but limited job prospects." Confidence was crucial. "The insider knowledge of cultural anthropologists is that you have to really believe in the value of what you are doing and your ability to make something happen. Much of the critical training involves you on your own figuring out how to get people to talk with and trust you (data collection) and then find a story in the mountain of data you collect." Deciding to conduct research in the US was also a barrier at the time she was training; funding often required a fieldsite outside of the US. Before taking a job in VA she had a health crisis and spent a lot of time in health care settings thinking about the experience of being a patient and also the experience of being on the clinical side. "It is a really challenging conversation and

I kept thinking: health care needs more anthropologists; not just observing, but actually trying to make improvements." It followed then that VA research "was the right job at the right time in the right place."

Before joining HSR&D, Dr. Ono's experience with VA was through her maternal grandparents (WWII Veterans) and her uncles (Vietnam Veterans). When her father was in the Army she lived on base at Fort Riley in Kansas. Dr. Ono has stayed at VA because it has allowed her to work with lots of different people on a variety of topics. The work has shifted along with her knowledge and interests. She really appreciates her colleagues and the growing community of VA anthropologists. She observes, "US health care is a wicked problem and VA is the only integrated, socialized medical system in the country. It is an amazing space to think in and explore what is possible. In addition to advancing clinical knowledge, research has the potential to inform better policy."

In the last few years, Dr. Ono has put a lot of energy into championing Veteran engagement in research. She believes "collaboration leads to innovation and VA is a system with tremendous potential for impact on both an individual level and on a national scale. I want to help people ask better questions and apply learning to practice."

When asked about new directions for her VA work over the next few years, she describes her thinking: "when I first interviewed for a VA research job I was asked what question I'd like to answer. I had been working in Hollywood and thinking about how communities are formed and sustained. I said that I wanted to understand what makes someone a Veteran, to know when that becomes a primary identity and how that self-perception leads to using or not using VA. I was told that what I wanted to do in health services research-speak was utilization studies. I still think this is a relevant question in the age of Community Care and Choice. I also want to get VA into public spaces in the communities where Veterans live, places like libraries, to increase access and to even help keep libraries in small and rural places viable."

CIVIC is privileged to have Dr. Ono on its team.

## Incorporating Veterans' Perspectives into Research

From the March 2019 issue of *Veterans' Perspectives*

### Introduction

The perspectives of Veterans are crucial to conducting impactful VA research. The researchers at HSR&D's Center to Improve Veteran Involvement in Care (CIVIC) in Portland, OR remind themselves of this all the time. Although many CIVIC researchers are VA physicians who take care of Veterans, most VA researchers did not serve in the military and do not use VA healthcare. To compensate for this difference in perspective and perform research that is optimally relevant to Veterans, CIVIC recommends to its 18 core researchers that they incorporate Veterans' perspectives into their studies in one of two ways:

- Conduct interviews with Veterans to obtain their thoughts about the topics being studied, and
- Collaborate with the CIVIC Veteran Engagement Group



### CIVIC Veteran Engagement Group for Research

The CIVIC Veteran Engagement Group (VEG) is a group of community Veterans who meet monthly and review research studies being planned or conducted by CIVIC researchers. The Engagement Group offers its ideas on questions ranging from the importance of studies, how to best recruit Veterans to participate, the types of questions Veterans should be asked, and how to overcome barriers encountered as the study goes along. In the first 20 months after the CIVIC Veteran Engagement Group was formed in 2015, 17 unique investigator teams (researchers and their research assistants) made 32 presentations to the CIVIC VEG.

Engagement Group members note the many personal benefits of VEG participation. As one Veteran said, "this is another way to serve." Another echoed, "all my years in the Army...I was always helping soldiers constantly." Engagement Group members found the monthly meetings offered an opportunity to "learn new things," "delve into science," and offered "greater appreciation of research." Personally, they enjoyed a "chance to be more involved in the VA community." The involvement impacted their own approaches to healthcare, including being "more of an advocate for self." As one member noted, "I am seeing my doctor more often...and I am communicating with him more about anything that goes on with me."

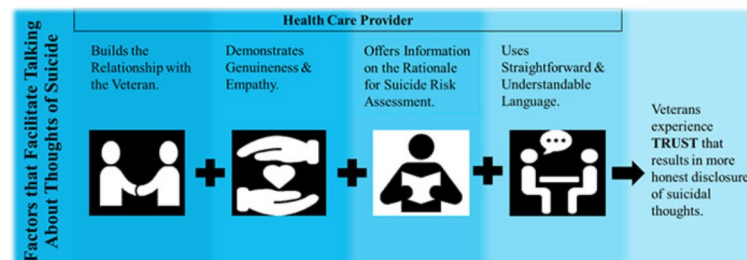
Researchers also find the feedback from Veterans valuable. As one investigator said, "...we have ideas about how healthcare works. They come up and say, 'you know that's not really what's happening.'" We were trying to improve recruitment and think about how to do that, then Veteran Engagement Group members say things like, "well you know we don't really answer our phone anyway." Recommendations from Veteran Engagement Group members are frequently incorporated into studies before they are submitted for funding. For example, in one study members recommended that Veterans have the option of having results of some extensive psychological tests be made available to participants' clinicians as a way of improving recruitment. In another study, Engagement Group members helped convince the re-

searcher to discard a set of confusing measures that were not related to Veterans' experiences. CIVIC investigators continue to be enthusiastic about the many tangible ways that Veteran Engagement Group members are improving research.

### A Window into Veteran Experiences with Suicide Risk Assessment

Suicide is VA's highest clinical and research priority, with 20 Veterans dying by suicide each day. VA has responded by mandating that VA clinicians ask Veterans about their thoughts of suicide at many clinical encounters. These suicide "screens" are conducted in a variety of settings; for example, by healthcare professionals checking patients into appointments, in which healthcare professionals may not have prior relationships with the patients.

CIVIC researchers conducted qualitative interviews with 34 Veterans who had been deployed previously to Iraq or Afghanistan. Examining everything the Veterans said during those interviews, the researchers found that Veterans considered suicidal thoughts as private, and they often did not want to share these thoughts with "strangers." Veterans worried that sharing thoughts about suicide with a healthcare professional who does not know them would lead to unwanted hospitalization and medications. The computer reminders that clinicians used to guide their questioning about suicidal thought were perceived by the Veterans as disrespectful. In these circumstances the Veterans often did not share their thoughts of wanting to take their own life and opportunities to help the Veteran were lost. On the other hand, the researchers found that the following conditions facilitated Veterans sharing their thoughts of self-harm.



### Veteran Engagement Group's Impact on Opioid Discontinuation Research

The CIVIC Veteran Engagement Group was particularly important in developing studies about discontinuing opioid medications, a focus of CIVIC research. Efforts to decrease prescriptions of high-dose opioids are a priority in VA. In 2017, in the United States there were almost 200 deaths from drug overdoses every day. Opioid abuse can begin with healthcare providers prescribing these medications for chronic painful conditions. Prescriptions of opioids have declined 20% in VA since 2012. The decline has resulted, in part, from new VA policies and education of healthcare providers about alternative approaches to address chronic pain. More research is needed to inform healthcare providers and policymakers on the best ways to taper these medications and how to collaborate with Veterans to find alternatives for their pain.

Studying the best ways to taper opioid medications among Veterans who take these medications as prescribed by their VA doctors for chronic pain is an important focus of CIVIC research. Veterans brought personal experiences about pain and opioids from their own lives, and anecdotes from other Veteran friends and family, which served as vital information for CIVIC investigators to learn how Veterans were experiencing these policy changes. One CIVIC investigator recounted the important feedback he'd received from engagement group members on a proposed study of opioid tapering: members underscored a lack of trust by Veterans of VA and VA healthcare

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## CIVIC's Veteran Engagement Group

CIVIC's Veteran Engagement Group (VEG) is comprised of Veterans from various service eras, branches, and backgrounds who regularly come together to meet with investigators. VEG members provide diverse and individualized feedback to CIVIC investigators at all stages of the research process. The incorporation of VEG member's perspectives, especially as users of the VA healthcare system, can bolster translation to practice and help CIVIC research be more patient-centered.

### VEG Member Highlight: Lisa Neibert



**Lisa Neibert** is a Gulf War era Air Force Veteran. She was originally recruited to CIVIC's VEG by her husband, a retired Army Veteran and early VEG member, and has remained active in the group since 2016. Lisa shared that as soon as she attended her first VEG meeting, she felt the group was a good fit for her on many levels, "I thought this was a great committee to be on as a member and as a Veteran. CIVIC VEG gives us Veterans a chance to see what research is coming ahead and what issues may affect us directly and gives us a chance to voice our concerns. When asked about her continued participation, Lisa said, "what motivates me to participate in VEG are the members in our particular group. I have been with them for several years and really enjoy our comradery. I also enjoy the investigators as many of the same investigators have been back to present on new topics. I like knowing we do have a voice and it can be heard!" Her favorite part of VEG is the constant learning, "I have always been fascinated [with] research and just when I think I have heard all I can on a particular subject area, an investigator will come in with...new information and knowledge." In the end, Lisa's favorite thing to learn at meetings is "how VEG has made an impact on our VISN and other VISNs across the country." Outside of VEG, Lisa is very engaged with the Veteran community, she participates in VA sponsored activities such as Veteran-centric yoga and VA stand downs. Additionally, she volunteers with a non-profit Veteran agency in her area.

**Fun Fact:** Lisa makes personalized photobooks for her loved ones to commemorate important events. She has made several wedding scrapbooks for her close friends and special photobooks for her mother's 75th and her brother's 50th birthdays. She says it's "something I really enjoy."

*The CIVIC Veteran Engagement Group (VEG) is recruiting new members. If you, or someone you know, is a Veteran and interested in engaging in research at VA, reach out to the **VEG Liaison, Rachel Matsumoto** ([Rachel.Matsumoto@va.gov](mailto:Rachel.Matsumoto@va.gov)).*

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providers on this particular topic. The Veterans proposed a change in the study that included meeting with all of the Veterans at the beginning of the study to build rapport and increase trust in the researchers. Quotes from the Veteran Engagement Group members on the research study were included in the final grant proposal to communicate the importance and feasibility of the study, which ultimately helped secure funding.

A second CIVIC investigator also proposed a project about opioid discontinuation. He was shocked to hear from an Engagement Group member that the Veteran had first learned that the opioid medication he had been prescribed for nine years was discontinued when he went to the pharmacy and found out that the prescription had not been renewed. His physician had not discussed the change with the Veteran but discontinued the medication based on a misunderstanding of VA policy. A more satisfactory approach to the patient's pain manage-

ment was reinstated when the patient returned to the clinician, who realized she had misinterpreted VA policy. The investigator, however, had a greater appreciation of how new policies were impacting healthcare providers and began thinking about a new line of studies based on this anecdote.

#### **Veteran Engagement in Research is about Trust**

Veterans' perspectives are particularly important to research because of the sensitive nature of the research performed at CIVIC—thoughts of self harm and concerns about medication misuse can be associated with shame, silence, and avoidance. CIVIC research shows the importance of adding the perspective of Veterans to all of the studies, which gives their work authenticity. These efforts underscore that building trust with Veterans remains a core element at every point of the research process in order to provide results that can improve Veterans' healthcare and health.

[Read more Veteran Perspectives here](#)

## HSR&D Local Initiative Pilot Awards Announced

VA Portland Health Care System (VAPORHCS) Health Services Research & Development (HSR&D) Local Initiative Pilots (LIPs) are small projects that provide investigators with seed money to collect pilot data to support merit review submissions. Funding is awarded to projects that focus on high priority areas for CIVIC, VAPORHCS, and VHA. This year LIPs went to four junior CIVIC investigators:

#### ***Gender Biases in Suicide Behavior Reporting* (Jason Chen, PhD)**

The suicide rate among women Veterans has continued to grow. However much remains unknown about women Veterans' suicide risk and their health services utilization. In this study, we plan to evaluate gender differences in self-directed violence categorization following self-harm and its impact on Veteran care.

#### ***Who drops out? Evidenced-based Psychotherapy in Rural vs. Urban Veterans with PTSD* (Julie Kahler, PhD)**

A high proportion of Veterans who initiate evidence-based psychotherapies for PTSD discontinue treatment prematurely, and factors related to treatment engagement and completion are not well characterized. Rates of premature treatment discontinuation are particularly pronounced among rural Veterans. This retrospective cohort study will utilize national VA electronic health record data to compare (1) rates of evidence-based psychotherapy for PTSD treatment engagement and retention and (2) sociodemographic and clinical predictors of treatment engagement and retention between rural and urban Veterans. Findings will provide insight into factors impacting

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access to quality care for Veterans.

**Suicide risk among head and neck cancer survivors: A retrospective cohort analysis (Shannon Nugent, PhD)**

Head and Neck Cancer Survivors (HNCS) are at higher risk for death by suicide compared to other cancer survivors, yet little is known about health services that may mitigate suicide risk. We will examine the associations between clinical factors and engagement in health services with risk of death by suicide or suicide related behaviors among a large national cohort of Veteran HNCS.

**Management of Acute Pain in the Perioperative Period Among Veterans Receiving Medication Assisted Therapy for Opioid Use Disorder (Jessica Wyse, PhD)**

This study will be a retrospective observational study of all VA patients nationally (n = 1,040) who received buprenorphine for opioid use disorder (OUD) in 2018 and concurrently required acute pain treatment due to elective or emergent surgery. Manual chart review methodology will identify and describe the pharmacologic pain treatment approaches clinicians utilized in the perioperative period. Aim 1 will characterize rates of different pharmacologic approaches used for the treatment of acute pain during the perioperative period in Veter-

ans who concurrently receive buprenorphine for OUD. Aim 2 will examine individual and facility-level predictors of buprenorphine discontinuation or dose reduction in the perioperative period.

Congratulations to Drs. Jason Chen, Julie Kahler, Shannon Nugent, and Jessica Wyse!



From left to right: Jessica Wyse, Jason Chen, Shannon Nugent

## CIVIC Publications

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