

Newsletter



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To Be or Not to Be Screened: Patient and Clinician Lung Cancer Screening Discussions

by Beau Edwards, BS

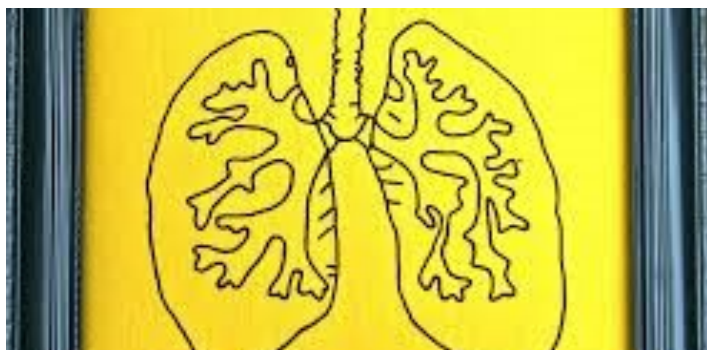
Whether or not to be screened for lung cancer is a tough decision for many. There is a difference between knowing you are at risk of developing lung cancer and knowing for sure that you have it. A cancer diagnosis is a stressful event that many would rather avoid. Due to this, the decision to be screened can be an important moment of discussion between a patient and their clinician.

Dr. Sara Golden and **Dr. Chris Slatore's lab** specializes in researching lung cancer screening and discussions around smoking cessation. Recently their research focused on patient-clinician communication around these moments.

They interviewed Veterans who reported having a discussion with their clinician to determine if they should undergo lung cancer screening. It is ultimately up to the patient to decide if they want to be screened, and the clinician will provide information to help make that decision.

Unfortunately, **most patients didn't view the interaction as a "discussion," but rather a decision the clinician was responsible for.** Despite not feeling like they made the decision, patients were satisfied with the amount of information they had and trusted their clinician to make the right decision for them. But patients did agree that they would prefer having a part in the discussion and ultimate decision.

Discussions about screening decisions are common for those at risk for lung cancer, especially those who currently smoke. Dr. Golden wanted to know if these discussions were opportune times to discuss smoking cessation and found mixed results.



Many patients didn't believe lung cancer screening discussions would influence their smoking behaviors, further stating that lung cancer risk wasn't a motivator to quit. However, clinicians believed the opposite. They believed **lung cancer screening decisions discussions were a unique moment to influence quitting behaviors.** Patients supported this somewhat, agreeing that these discussions were reasonable times to discuss smoking.

Clinicians relied on patient's risk of lung cancer to motivate them to quit smoking. But oftentimes risk isn't a strong motivator. Something "extra" is needed to influence behavior, and this extra is different for every patient. By engaging in high-quality communication, clinicians can understand what motivates their patients and therefore frame the conversation appropriately.

Dr. Golden's research tells us that patient-clinician communication can be improved. Patients want to play a role in their healthcare decisions and want all the information they need to make informed decisions. To help them achieve this goal, clinicians can initiate high-quality conversations to learn what's important to their patients to increase their motivation to take part in decision-making conversations.

[Click here to read the full article!](#)

Incorporating Theory into Practice for Care Coordination

by Anders Herreid-O'Neill, MA

In a perfect healthcare setting, clinical practice would reflect exactly the state-of-the-art scientific knowledge in order to minimize unnecessary adverse outcomes, suffering, and deaths. Because of the pace of scientific development, and the ever-increasing pool of knowledge to sort through, this convergence of theory and practice remains difficult to achieve.

"Theory is often thought of as an academic exercise, yet in reality evidence based theory can inform actions and strategies that more directly relate to desired outcomes."

- Dr. Denise Hynes

In order to close the gap, **Dr. Denise M. Hynes** and the VHA State of the Art conference (SotA) published *Incorporating Theory into Practice: Reconceptualizing Exemplary Care Coordination Initiatives from the US Veterans Health Delivery System* in the Journal of General Internal Medicine as part of a special care coordination-focused supplemental edition.

To facilitate the adoption of state-of-the-art theory by clinicians, Dr. Hynes and the SotA team developed three "conceptual domains" that group and summarize care coordination theories for easier access. These conceptual domains should minimize the effort required for

clinicians to identify theoretical frameworks which could help them in their practice. Whether selecting a new intervention, or tailoring an existing one, easier access to cutting-edge knowledge should allow for more effective treatment to get into the hands of more clinicians.

To make theoretical uptake as frictionless as possible, the team also developed four use cases to model the application of their conceptual domains. Each domain serves not only to offer possible insights and techniques, but also illuminates questions about practice which may have obfuscated clinicians. "Theory is the work of researchers, so the article is emphasizing the need for partnerships between scientists and practitioners and by working together theory can better inform the selection of specific strategies that are best suited to the situation/population/system/outcomes desired," said Dr. Hynes.

While theory is often considered at best tangential to clinical outcomes, in reality evidence-based theory can inform decisions and practices in order to maximize desired clinical outcomes. The best way to achieve more effective practice, and generate more insightful theory, is by the combination of the two. Dr. Hynes and colleagues' paper serves as an important step toward that goal.

[Click here to read the full article!](#)



CIVIC Announcements

Lorie Jacob and her husband welcomed their daughter, Hannah Soeung Jacob into the world on April 6th! She is a healthy and loved baby with reportedly strong vocal cords!

Congratulations to **Dr. Liz Hulen** for defending her dissertation and receiving her PhD in Sociology at PSU!

Dr. Sara Golden also successfully defended her dissertation and was awarded her PhD in Sociology from PSU in December! Congratulations!

Denise Hynes, Meike Niederhausen, and Alex Hickok helped co-author a paper on community outsourcing and Obstructive Sleep Apnea—[read the full paper here!](#)

The Suicide Prevention Research Impact Network (SPRINT) is growing! Last November, **Alan Teo** was invited to become a Core Co-Investigator!

CIVIC Core Investigator **Som Saha** was awarded an HSR&D pilot titled “Applying Novel Analytic Methods to Address the Impact of Race on Patient Provider Communication.” Congratulations, Som!

Wylie Bay, an RA with the Morasco team, was accepted to the “Latinx Community COVID-19 Response Training Grant” through PSU School of Social Work and Johns Hopkins. The program provides training to conduct contact tracing specifically within the Latinx community in Oregon.

CIVIC Core Investigator **Maya O’Neil** along with the **Evidence Synthesis Program** published a rapid review of mental health outcomes for adults hospitalized with COVID-19. [Read the full review here!](#)

Media Mentions & Accolades

A special issue of *Medical Care* released in February devoted to suicide care among women Veterans. It was guest edited by our own **Dr. Lauren Denneson**!

The **Evidence Synthesis Program’s** work was highlighted in *Insider*: [Black and Hispanic people are being hit extra-hard by COVID-19, according to a huge review of studies.](#)

- They were also featured on *ScienceDaily*: [New review confirms disproportionate impact of COVID-19 on Black, Hispanic populations.](#)

Som Saha was interviewed for the “*A Different Kind of Leader*” podcast.

Maya O’Neil and **Stephanie Veazie** were part of episode 71 of “*COVID in 20*” highlighting research from the **Evidence Synthesis Program**.



Training and Education Corner: *Meet Dr. Haley Holmer*

VA Portland Health Care System is one of 14 VA sites offering fellowships to provide advanced interdisciplinary training to physicians, psychologists, epidemiologists, and doctorally-prepared social scientists and nurses. Fellows accepted to this prestigious program are affiliated with CIVIC—the HSR&D Center of Innovation in Portland—and the Veterans Rural Health Resource Center-Portland. **Dr. Haley Holmer** is one of four current fellows at VAPORHCS and CIVIC.



Dr. Holmer completed her PhD in Epidemiology from the Oregon Health & Science University – Portland State University (OHSU-PSU)

School of Public Health in 2019. Dr. Holmer's dissertation research focused on optimizing the metrics used by the Centers for Disease Control and Prevention to evaluate antibiotic utilization in order to improve patient care and safety.

Dr. Holmer's current research interests are in the areas of evidence synthesis and guideline development methodology, as well as meta-research. Currently, she is interested in rapid review methods and the reproducibility and validity of conclusions drawn from evidence reviews conducted within a compressed timeline. During her fellowship, Dr. Holmer is seeking to receive advanced training in evidence

synthesis methodology.

Shortly after her fellowship started, Dr. Holmer had the unique opportunity to work with the World Health Organization (WHO) conducting rapid reviews for the COVID-19 emergency response. She has also worked on a VA systematic review on chronic pain in Veterans with mild traumatic brain injury. Currently, Dr. Holmer is participating in an Agency for Healthcare Research and Quality task force charged with updating guidance for Evidence-based Practice Centers on the use of observational studies in systematic reviews.

“The fellowship’s evidence synthesis track, in partnership with the VA Evidence Synthesis Program Portland site, provides an exceptional opportunity to train with experts in evidence synthesis across a variety of projects.”

- Dr. Haley Holmer

For more information on the advanced HSR&D fellowship program at VA Portland Health Care System and to learn more about current and past fellows, visit the CIVIC website.

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Rural Health Corner



Let's Chat About Opportunities to Help Veterans Through Therapeutic Horticulture

Hello! My name is **Dylan Waller**, I have been a research associate with CIVIC for six years. You can usually find me on the first floor during "normal" times. This segment of the newsletter may look a little different than the rest. Most notably, I've decided to adopt a more informal tone. (Consider this a colleague to colleague chat, if that helps!). I would like to use my perspective as an RA to share a bit about my journey working on the "Digging Deeper" project.

The "Digging Deeper" project focuses on understanding Veteran and community partner's perspectives on horticulture and well-being. One concept that centers the effects of horticulture on well-being is "therapeutic horticulture," which, simply put, means the process of using horticultural activities (like gardening or farming) to positively influence mental health.

My primary objective on the project is to identify and map organizations participating in therapeutic horticulture in Oregon. Initially, I thought this process would be fairly simple, but through exploratory meetings with Veterans who run VA programs that center on horticultural therapy, I learned that was not the case for several reasons. We have decided the

best way to make sure we identify organizations is through a snowball sample utilizing email and, when necessary, short phone calls.

That being said, and keeping with our informal conversation, (and with that reminding you that these are not formal findings yet), I would like to use the space I have left not to talk about methods or next steps in the process, but instead explore why I'm excited about this project.

Through conversations I have had with local community horticulture leaders, **it seems that therapeutic horticulture may be able to reach some rural Veterans, including rural women Veterans and rural Veterans of color, in a way that traditional mental health services have not been able.** Veterans may find community and comfort in "working the soil" and from there be able to move toward addressing mental health. However, finding organizations that facilitate therapeutic horticulture may prove challenging due to a lack of a common vocabulary. Organizations often do not label the services that they provide as "therapeutic horticulture," even though they meet the definition. We want to identify the outcome and the intentions of these organizations, not the label of "therapeutic horticulture." In doing so, we will be one step closer to creating a resource aimed at facilitating connections between these sites and Veterans.

CIVIC Investigator Story: Benjamin Morasco, PhD

by Anders Herreid-O'Neill, MA

One could argue that **Dr. Ben Morasco's** involvement with CIVIC began when his application to be a project manager with CIVIC was rejected. Luckily for CIVIC and VA, Dr. Morasco wasn't put off, and he now works as the Associate Director of CIVIC and as a Staff Psychologist in the Mental Health and Clinical Neurosciences Division of VAPORHCS.

Dr. Morasco traces his interest in research further back though, to his experience as an undergraduate at the University of Northern Iowa. While there he was involved in several different research labs, and even presented some lab findings at a national conference. After receiving his PhD from Saint Louis University he had the opportunity to, "witness first-hand the full scope of research from development...[to] data collection and dissemination" as an RA working with a Psycho-Oncology research group in New York.

After this experience and a postdoctoral fellowship in Massachusetts, Dr. Morasco and his spouse decided on a shortlist of cities they would like to live in, among them, Portland. In 2005 they arrived in Portland after his spouse was offered a position here. This brings us back to Dr. Morasco's first experience with CIVIC. The first position he applied for was a Project Manager position in Dr. Dobscha's lab, working on a clinical trial. He wasn't hired to this position, but did end up working in the Hepatitis C Resource Center as a Research Psychologist after consulting with a former postdoctoral supervisor.

Before this stint with the Hepatitis C Research Lab, Dr. Morasco says, he was not very familiar

health services research. However, **"...it turns out that much of the research that I had been engaged in was focused on using health services research models; I just didn't know it at the time."** This








health services focus combined very well with his other research interests, health psychology and addictive behaviors. Dr. Morasco was able to maintain a focus on chronic pain and substance use disorders after transitioning into a staff psychologist position, eventually becoming the Associate Director of CIVIC.

Currently Dr. Morasco is excited about an ongoing project which explores the relationship between decreases in opioids used in patients receiving treatment for chronic pain and changes in their use of medical cannabis. This is exploratory research on the subject, and while there is an indication that cannabis may offer an alternative to opioids in the treatment of chronic pain, there is still limited data. The relationship between chronic pain and substance use is fraught and often results in an unfortunate feedback loop. This is especially true in the Veteran population, who suffer disproportionately from both.

Want to learn more about Dr. Morasco's lab? Check out the RA Corner on the next page!

CIVIC RA Corner: Dr. Morasco's Lab

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|--------------------------|---|---|--|--|---|
| |  |  |  |  |  |
| | Wylie Bay (they/them) | Elaine Miller (she/her/hers) | Marika Huffer (she/her/hers) | Melissa Adams (she/her/hers) | Natassja Pal (she/her/hers) |
| Title | Research Assistant II | Research Assistant | Research Assistant | Senior Research Assistant | Research Assistant |
| Areas of Interest | Community-based research design/development and dissemination | Psilocybin research for pain, PTSD and end of life care | Substance use and geriatric mental health research | Anxiety disorders, behavioral health, and cross-cultural research | Movement disorders, exercise rehabilitation, racial justice and disability justice |
| Pandemic Hobbies | "Baking sour-dough bread and attempting to keep my cat from killing all my plants (success on the bread front, less success on the plant survival front)" | "I have been knitting and am attempting to learn the harmonica" | "I learned how to play the cello! On the less interesting side of things, I also learned how to knit and started roller skating again" | "Converting our outdoor space into a winter-friendly play-room, complete with a play structure, tunnels, and ball pit" | "No new hobbies, perhaps next year!" |
| Favorite Skittle | Tropical | One of each flavor in one bite! | Orange | Green | Yellow |

Dr. Morasco's lab enthusiastically shares his love for the full scope of the research process. Independently, they really enjoy opportunities to interact with Veterans, and the ever-evolving challenge of project planning. Despite various struggles adjusting to telework, this group is optimistic, citing creative solutions to newfound problems and a gratitude for their coworkers.