

Welcome to the Fall 2011 issue of *CROR Outcomes*! In this issue, you'll find a profile of a valued collaborator from Wright State University, Dr. Dennis Moore. Read about his career and his research in disability and substance abuse. We also feature a story about a project from Dr. Moore's Rehabilitation Research and Training Center on Substance Abuse, Disability, and Employment. First described in the **Spring 2007** issue of *CROR Outcomes*, read about the project's progress and accomplishments.

This issue also includes a profile of one of CROR's clinical research coordinators, Carole Schwartz. We also describe two key events related to Dr. Anne Deutsch's study, "Developing Quality Measures for Post-Stroke Rehabilitation." Read inside about a techni-

cal expert panel, as well as a report from a pre-conference symposium on Quality Measures at the American Congress of Rehabilitation Medicine - American Society of Neurorehabilitation Annual Conference in Atlanta on October 12, 2011.

For more information about our projects and educational opportunities, please visit our page at www.ric.org/cror. And don't forget to "like" us on **Facebook!**

Allen Heinemann, Director



Dennis Moore: Studying the Collision of Disability and Substance Use

In fall 1965, then U.S. Senator from Massachusetts Robert Kennedy toured several of his state's institutions for the "mentally retarded."

The resulting furor convinced Burton Blatt, a Syracuse University dean and advocate for the disabled, to team up with photographer Fred Kaplan. Their investigative collaboration, the 1966 book "Christmas in Purgatory," documented horrible conditions for children and adults with developmental disabilities at institutions in four Eastern states. These two, linked events were milestones in the progression of civil rights for persons with disabilities.

"One thing that stands out with Dennis is his enthusiasm and his energy and his passion for the field."
Mary Huber, Ph.D.

Though he was only about 16 at that time, Dennis Moore was already "on board." Following his junior year in high school, Moore took an internship that placed him as a mental health aide in a state hospital in Kentucky, an institution housing 1200 residents including persons with developmental disabilities.

In a building with no air conditioning, and working ad-

...Continued on Page 4

Stroke rehabilitation quality measures project holds two events

A pair of highly focused, one-day events were among the latest steps forward by a CROR study that is developing quality measures for post-stroke rehabilitation care. Quality measures allow rehabilitation facilities to compare themselves with others and let patients compare facilities to each other.

Under way as of about a year ago, the Development of Quality Measures for Post-Stroke Rehabilitation project is funded by the National Institute on Disability and Rehabilitation Research and scheduled to run until September 2013.

To put the project in context, CROR director Allen Heinemann, Ph.D., one of the co-investigators, points to Medicare's Nursing Home Compare website <medicare.gov/nhcompare>, an online tool with detailed information about every Medicare- and Medicaid-certified nursing home in the United States. "The same thing is coming to rehabilitation," he says.

What's driving that change, explains investigator Anne Deutsch, Ph.D., RN, a CROR clinical research scientist, is the Patient Protection and Affordable Care Act of 2010. This law mandates that the Secretary of Health and Human Services will select and publish quality measures for inpatient rehabilitation facilities (IRFs).

In addition, beginning on Oct. 1, 2012, IRFs will have to submit data on quality measures or

...Continued on Page 5

Inside

Fellowship Opportunity

Find out about a post-doctoral fellowship opportunity for those with an interest in rehabilitation outcomes research on *Page 7*.

Carole Schwartz

Read about CROR clinical research coordinator Carole Schwartz on *Page 2*.

CROR Dissemination

We highlight a poster presentation to the American Congress of Rehabilitation Medicine on *Page 6*.



Carole Schwartz, Clinical Research Coordinator

Carole Schwartz has been a CROR staff member since December 2007, supporting three Centers for Medicare & Medicaid Services (CMS) research projects. All are administered by RTI International, Research Triangle Park, NC, with RIC as a subcontractor.



One of the current projects, Developing Outpatient Therapy Payment Alternatives (DOTPA), arose from the growing share of Medicare Part B expenditures for outpatient therapy services: physical therapy, occupational therapy and speech language pathology. CMS found that it needed better information before it could address these increasing costs through payment policy changes.

Implemented in January 2008, DOTPA aims to assemble information on patient needs and the effectiveness of outpatient therapy services, with the goal of developing alternatives to the current Medicare Part B payment cap on such services. Schwartz's roles on DOTPA have included lead Webinar clinician trainer and help desk clinical manager.

Schwartz's other projects were grounded in the Deficit Reduction Act of 2005, which directed CMS to develop a standardized patient assessment instrument and to implement a Medicare Post Acute Payment Reform Demonstration (PAC PRD) that used the standardized patient data set.

For these 2 projects, Schwartz has been the help desk manager for clinician inquiries and an in-person trainer. The trainer role required extensive travel across the U.S. In the Post-Acute Care Payment Reform Demonstration, Schwartz explains, "We were teaching clinicians how to gather data so that we could examine the clinical complexity of patients in different healthcare settings and the outcomes of care after adjusting for patient case mix differences." Currently, Schwartz is contributing Help Desk related content to the "PAC PRD Lessons Learned" document.

Growing up in Evanston, IL, Schwartz says, she was always involved in various artistic pursuits. This led to her first Bachelors degree at Northern Illinois University, where she majored in art and minored in psychology.

After graduating in 1976, Schwartz worked as a graphic designer from 1979-1984 while raising her first child. She then transitioned from graphic design to developing a home-based business designing and importing Portuguese needlepoint rugs. This work required travel to Portugal to oversee the production quality of the rugs ordered.

In 1986, after having her second child, Schwartz returned to creating art, using a home studio to produce clay sculpture, functional ware and Judaica, some of which she sold through the shops at the Art Institute of Chicago and Museum of Contemporary Art. Schwartz's work was featured on the front page of the Chicago Sun-Times Food and Home sections in 1991 and 1992.

Even though her art practice is now dormant except for vacations, Schwartz says this part of her background has helped her creative problem-solving skills. "Art expands creativity, and you can use creativity on many levels in any job."

In the early '90s Schwartz's ongoing desire for more education and a stable career resulted in her being accepted into UIC's occupational therapy program.

She also became a "home-stay" parent for 32 international students at Concordia University over a five year period, providing room, board and opportunities to practice speaking English. She credits this cross-cultural experience with helping her when she trained multicultural staff through the CMS projects.

Schwartz completed her occupational therapy degree in 1997. Jobs as an occupational therapist at Michael Reese, Marianjoy Rehabilitation and Rush-Oak Park hospitals and a coordinator of program development at Glantz/Richman Rehabilitation followed. At Rush and Glantz/Richman, Schwartz says, "I learned how to design therapy quality-improvement and staff education programs. I loved seeing the outcomes."

In 2005, Schwartz began a master's program in gerontology from Kansas State University.

Why gerontology? At UIC she had a professor, Dr. Joy Hammel, who required each OT student to find a healthy community dwelling 80-plus-year-old as a mentor. Schwartz notes, "In each of my healthcare careers, I have worked with older adults and continue to feel compelled to advocate for this population by pursuing policy and healthcare improvements."

As it happened, in 2008 Schwartz's mother died at home in hospice care surrounded by her family. "As much of a background in healthcare as I had," she says, "the real education was advocating for my mom's care and navigating through a complex home healthcare system. She completed the master's in 2009 with a perfect GPA."

In addition to the CMS projects, Schwartz is donating her own time on a quality improvement project examining healthcare staffs' attitudes and beliefs about older adults and if by providing specific education, practitioners may help this population improve their outcomes. "I am always looking for the next challenge," she says.

With her problem-solving skills, her clinical OT background, and the patience and attention to detail she brings, says CROR clinical research scientist Anne Deutsch, RN, PhD, CRRN, "Carole has been a key contributor for many projects."

Unfortunately, Schwartz will be leaving CROR in December because the projects are ending. She will be seeking a position that taps her strengths as a clinician, trainer and an advocate for older adults with disabilities.

Of her life and career so far, she says, "It's been a great and adventurous journey."

Substance Use Assessment in Vocational Rehabilitation

Some of the more challenging conditions to be addressed by vocational rehabilitation programs (VR) are substance abuse and dependence. There are several reasons for this, such as legal issues, the perception that substance dependence is “self-induced,” societal ambivalence about rehabilitation versus punishment, limited public funding for treatment, and the nature of how substance abuse manifests in personal behaviors. Previous research has indicated that a substantial percentage of persons who apply for services in state-based vocational rehabilitation (VR) have an active substance use disorder (SUD) at the time they are accepted into services, but in most cases their substance abuse issue is not identified in the subsequent VR record.

Funded by the National Institute on Disability and Rehabilitation Research (NIDRR) through the Rehabilitation Research and Training Center (RRTC) on Substance Abuse, Disability, and Employment at Wright State University’s Boonshoft School of Medicine, the SAVR-S project was intended to address several goals in order to increase VR effectiveness in addressing abuse and dependence. The Center for Rehabilitation Outcomes Research (CROR) was heavily involved in this project.

The primary goals were centered on developing and validating an efficient screener to identify potential drug and alcohol abuse issues among VR applicants. The ambitious project also included a feasibility test by asking five VR programs to implement the screening state-wide with all new consumers.

In the Spring 2007 CROR Outcomes publication, co-investigator Dennis Moore, then Director of the Substance Abuse Resources and Disability Issues program at Wright State University, explained what was at stake: “It’s not uncommon for people to use thousands of dollars in vocational services, arrive at their new job and fail the drug test. That’s a terrific loss of rehabilitation dollars,” and it is also unfortunate and debilitating for the VR consumer.

The SAVR-S team created the new 46-question screening instrument by adapting the existing Substance Abuse Subtle Screening Inventory (SASSI-3) to make it, among other features, quicker to use, in 10 minutes or less. The instrument also included questions specific to prescription medication misuse at the request of state VR program personnel.

Challenges up front

The project was ambitious for several reasons, notes Moore. First, it involved voluntary cooperation with state VR administrators and participation of over 1,000 VR counselors. Second, it identified potential substance abuse service needs at the very time when state-wide behavioral health resources were shrinking. Finally, it superimposed a rigorous research protocol upon systems that focus on service, not research. “NIDRR has followed the study with great interest, as one of their missions is to support research on best practices for employment services for persons with disabilities – especially in working with VR and the Rehabilitation Services Administration.”

A central challenge to the project, says CROR director Allen Heinemann, was simply that “standard VR procedures for identifying substance abuse as a disability or cause of impairment as reported in Rehabilitation Services Administration (RSA) data only indicated a 2-4% identification rate in three out of the five participating states as compared to the 20% or more consumers identified with active substance use disorders by the validated screener. Undoubtedly, use of the screener brought to light information about additional consumer needs that were challenging to address.”

In addition, once the screening had been developed and validated,

the researchers requested that over 1,000 VR counselors in five states use it consistently. Like our larger society, views on what should be done to address substance abuse vary in VR agencies. In addition, written and unwritten VR policies result in state-to-state variation in what procedures to follow for identifying and serving consumers with active substance use disorders.

NIDRR funded data collection in three states, Illinois, Ohio and West Virginia in 2004, and subsequently, the National Center for the Dissemination of Disability Research provided additional funding for data collection in Kentucky and Utah. This additional funding enabled the investigators to secure more data, says Mary Huber, who was Research Director for the RRTC on Substance Abuse, Disability, and Employment during much of the project’s seven years. “We had a relatively long window of people entering the study, and we had a long window of follow-up,” she says. “It’s taken us longer than we expected to get the VR outcomes data due to our project requirements not meshing with the data systems VR agencies use to report outcomes to the federal government.”

Successes ...

Despite the challenges of such an ambitious project, Moore notes that four findings have emerged:

1. The detected rates of active substance abuse/dependence among newly enrolled VR consumers exceed 20 percent. This finding, Moore explains, “appears consistent over time and across different research designs. Substance abuse continues to be a significant challenge to successful VR from a systems perspective.”

2. Screening instruments, such as the SAVR-S, can accurately identify the majority of consumers at high risk for substance use disorders early in the VR process, letting the counselor and consumer jointly address this issue in the rehabilitation plan.

3. Because of variations in state VR policies about consumer substance abuse, as well as other factors, there are few consistent practices in addressing SUD among VR consumers, with few “best practices” identified in the field.

4. System-wide use of a substance abuse screener is feasible for state-based VR agencies. Such procedures, however, are best implemented with state-wide counselor and supervisor training in how to provide evidence based VR for this population.

“There’s a lot of variation state-to-state” about who the VR agencies serve, Moore stresses, and that includes approaches and policies for consumers with an SUD.

As to the buy-in issue, the original plan was to assess all VR consumers with the SAVR-S, Heinemann says, but not all counselors implemented the SAVR-S instrument consistently. Compliance with the screening protocol by counselors appeared to depend on several issues that were largely out of the control of the research team; but given the fiscal, administrative, and personnel challenges to VR programs, the research team was still very impressed by the level of VR cooperation.

... and near-misses

A shortfall of the SAVR-S project, Huber notes, is that preliminary analyses indicate that screening for substance use disorders does not appear to be associated with a higher rate of successful employment outcomes generally. That is, while employment rates for those who were screened did exceed employment rates for the subset of consumers who had been identified as having SUD-related disabilities using standard intake procedures, they did not exceed the average successful employ-

Dennis Moore (Continued from page one)

acent to the “incontinent ward,” Moore lived on site. Many residents had major side effects from their medication, such as tardive dyskinesia, and lobotomies were still performed. “The experiences in that institution had a profound impact on me,” he says.

Did it ever. Moore, 63, retired last year as Director of the Substance Abuse Resources and Disability Issues (SARDI) Program at Wright State University’s Boonshoft School of Medicine, where he also taught and conducted research for more than two decades. In all, he has spent 46 years, as he puts it, “working with and for people with disabilities.”

Over the past six years, he was a critical co-investigator on the Substance Abuse and Vocational Rehabilitation Screener (SAVR-S) project. (See article in this issue of CROR Outcomes.)

Blue-collar roots

Moore was born near Buffalo, NY but has lived most of his life in Ohio. The oldest of four children from a blue-collar family, he was both the first to graduate college and the only one to earn a doctorate. He worked his way through Grove City College in Pennsylvania with hands-on jobs: painting, laying asphalt, driving a livestock truck. He graduated in 1971 with a double major in psychology and English.

With no background in either disabilities or teaching, Moore took a job as a special-education teacher, working in a church basement for a county program near Dayton. He describes it as “a very, very challenging job.” His first year there, a fellow teacher was almost choked to death by a student.

When he first worked in special education, he recalls, some teachers would spend all day helping students make pot holders, and the concept of a standardized curriculum was an abstraction.

After teaching for four years, Moore travelled in Europe at his own expense, visiting special education programs in 13 nations. “It was very eye-opening,” he says.

He finished a master’s in special education at Wright State University in 1976 and over the next several years worked for two early childhood programs in the Dayton area. Because of the location of the Special Education program within a Counseling Department, Moore was also introduced via coursework to the substance abuse treatment field. It was during this time that Moore began to investigate some of the risks for substance abuse that face persons with disabilities.

Into academia

Because of his interest in substance abuse counseling, Moore worked part-time for several Dayton programs as a counselor while remodeling a house with his current partner. In 1982, he was hired full-time as a substance abuse counselor in the medical school’s Department of Community Health, and this led to his appointment as the Director of the Weekend Intervention Program, a nationally-recognized model for intervening with impaired drivers. At that time, he points out, Wright State was one of the first U.S. medical schools

to require a course on alcohol and drug intervention and treatment for all medical students.

Moore encountered people who had been arrested for DUI while on skateboards and even in wheelchairs, but he also observed that he never encountered persons who were deaf who had been charged with DUIs. Research into this phenomenon suggested that it is rare for police officers to arrest persons who are deaf because it is too difficult to arrange for timely communication and too much hassle to make the arrest.

Along the way, Moore enrolled in a doctoral program at Indiana University in Bloomington, while continuing to work at Wright State part-time. In 1989 he completed his doctorate in Counselor Education in the Counseling Psychology Department, with a dissertation focused on substance abuse among people with disabilities.

With the ink wet on his diploma, Moore was invited to complete a post-doctoral fellowship at the medical school; a Substance Abuse and Mental Health Services Administration training grant on substance abuse prevention among persons with disabilities funded the program. A WSU student body with a high percentage of students with disabilities and a medical school that was progressive on community approaches to substance abuse treatment made it “a very good fit,” he says.

In 1990 Moore founded SARDI within the Boonshoft School’s Center for Interventions, Treatment, and Addictions Research and became its first, and for the next 20 years, its only director.

SARDI began with a narrow focus on substance abuse prevention among people with disabilities, but with funding from the Substance Abuse and Mental Health Services Administration, National Institute on Disability and Rehabilitation Research, and other sources, it grew to cover treatment and include programs focusing on minorities, persons with HIV/AIDS and people in recovery from mental health issues. In spite of SARDI’s clinical focus, the program has employed up to 50 people in research and community service activities.

Moore highlights several of SARDI’s current programs. One program offers telerehabilitation using American Sign Language and other means of communication in a state-wide program to provide counseling and support for Deaf individuals who have substance use disorders. This program (Deaf Off Drugs and Alcohol-DODA) provides hosting software and training to Deaf individuals in recovery to be AA sponsors. These AA, computer-based ASL meetings are promoted through social media, with participants joining from as far away as Russia.

Another program focuses on people in the African-American community who are at risk for substance dependence, mental illness, or HIV. “Minority disability issues are not very well addressed in America,” comments Moore.



...Continued on Page 6

Quality Measures Events (Continued from page one)

face a penalty in federal fiscal year 2014, starting October 13, 2013. The penalty is a reduction of two percentage points in Medicare payments. In August 2011, Deutsch says, the Centers for Medicare and Medicaid Services (CMS) published the first two quality measures under the quality reporting program authorized by the Affordable Care Act: catheter-associated urinary tract infections and new or worsened pressure ulcers.

A third measure, readmissions to an acute-care hospital, is in the works.

So the stakes are high and increasingly imminent, for IRFs, for rehabilitation practitioners and for rehabilitation inpatients, about one-quarter of whom, Deutsch notes, are receiving rehabilitation care because of a stroke.

Technical Expert Panel

On Sept. 12, 2011 Deutsch hosted a technical expert panel titled “Developing Quality Measures for Post-Stroke Rehabilitation” at the Washington, D.C., offices of RTI International.

Assisting with organizing the event were CROR’s Holly Neumann, the quality project’s manager, and Barbara Gage, Ph.D., RTI’s director of post acute care studies and deputy director of aging, disability and long-term care studies, who was also a member of the panel. About 15 people attended, and Heinemann is proud that this group included two CMS staff members who observed the meeting. “I think it reflects their respect for the work Deutsch has done,” he says.

The panel tried to anticipate where Medicare might focus in the future, Deutsch says, and focused on three categories of potential quality measures: functional status, care coordination, and patient and caregiver education.

Much of the problem with care coordination arises simply because “The healthcare system is fragmented,” Deutsch says. “Care coordination is not a current strength.”

“We need to make sure people think about this,” she emphasizes, about continuity and transitions and the bigger picture. The way the healthcare system operates currently, in Deutsch’s eyes, is like trying to run an elementary school without having an overall curriculum.

There are two approaches to measuring care coordination, she explains, patient perception versus “a piece of paper passed along.” Currently, Deutsch says, the research project’s panel is leaning toward patient perceptions as a stronger measure. “There’s no perfect way to measure this concept,” she says. “The data tell a story, but they don’t tell the whole story.”

Patient education is crucial to reducing readmission rates, Deutsch says. “When someone has experienced a stroke and is in a rehabilitation hospital, life has changed. Part of the job of rehabilitation clinicians is to make sure that when patients leave the hospital, they know how to take care of themselves.”

This includes, she explains, that they know how to take their medications, know to call someone regarding any adverse effects they might have, and know the warning signs of a second stroke.

All that said, Deutsch cautions, patient education might be difficult to use as a quality measure and might be addressed less formally, as a best practice.

A class in rehabilitation quality measures

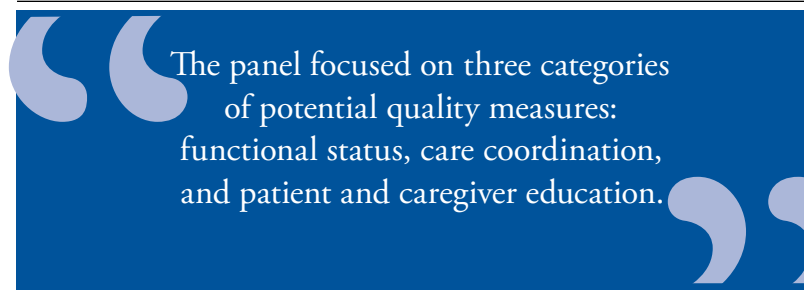
Exactly one month later, Deutsch, Gage, Neumann and others were back at it, presenting a full-day course titled “Quality Measures for Rehabilitation: Policy, Provider and Patient Perspectives.”

Held as a pre-course on Oct. 12, 2011 just before the American Congress of Rehabilitation Medicine – American Society of Neurorehabilitation annual conference in Atlanta, the course drew about three dozen attendees. The course’s goal was to update rehabilitation researchers and practitioners about quality measures and was based in part on feedback from the technical expert panel.

The course was structured as three major segments. In the morning, the focus was on the Current Status of Quality Measures for Rehabilitation, from the perspectives of public policy (presented by Gage), the rehabilitation industry (Suzanne Snyder, MBA, PT, director of rehabilitation utilization and compliance at Carolinas Rehabilitation, Charlotte, N.C.) and patients (Neumann).

The after-lunch segment covered three topics under the heading of Data Analysis Challenges: Adverse Events in Inpatient Rehabilitation

(Snyder), Analysis of Functional Status Data (Deutsch) and Measuring Clinical Change: Quality Indicators (Kenneth Ottenbacher, Ph.D., director of the Division of Rehabilitation Sciences in the School of Allied Health Sciences, University of



The panel focused on three categories of potential quality measures: functional status, care coordination, and patient and caregiver education.

Texas Medical Branch in Galveston).

The late afternoon segment of the course was a panel on research opportunities, moderated by Heinemann and comprising Gage, Deutsch and Gerben DeJong, Ph.D., a Senior Fellow and director of the Center for Post-Acute Studies at the National Rehabilitation Hospital, Washington, D.C.

Although rehabilitation professionals are often focused on outcomes, Neumann comments, they’re generally not thinking about quality measures. “Quality goes beyond outcomes” to include process measures and avoidance of adverse events, she explains, and “What’s missing is that leap” from outcomes to quality measures.

Quality measures should indicate whether a facility is doing a good job, she says. “You can measure outcomes for your individual patients, but how does that compare with other hospitals?”

Acknowledgements

The Center for Rehabilitation Outcomes Research at the Rehabilitation Institute of Chicago is funded, in part, by the National Institute on Disability and Rehabilitation Research, National Institutes of Health, Centers for Medicare and Medicaid Services, and the Rehabilitation Institute of Chicago. We thank these organizations for their continued support. Articles written by Scott Baltic.

Subscriptions and Archives

To be added to the *CROR Outcomes* mailing list, or to discontinue your subscription to this newsletter, please email your request to hdemark@ric.org.

If you missed previous editions, archived copies of our quarterly newsletter are available online:

Visit <http://www.ric.org/cror> and click on “Newsletters.”

Dennis Moore (Continued from page four)

Further voyages

Moore retired from full time employment at the Boonshoft School of Medicine in 2010, where he now holds the rank of Professor Emeritus. A recent research interest of Moore's developed from a trip to Ethiopia, where he studied the use of khat, also known as "qat," the leaves of the tropical evergreen *Catha edulis*.

Chewing the leaves releases an alkaloid called cathinone, an analog of amphetamine. Khat consumption in Ethiopia, Somalia and Yemen has contributed to several negative social outcomes, especially as traditional patterns of khat use are being replaced by practices that are more deleterious, such as concluding khat use sessions with distilled alcohol, or adding synthesized methcathinone to the natural product. The recent deterioration of social conditions in Yemen have been linked, in least in part, to the widespread production and use of khat in that country.

Fortunately, some of Moore's recent travels have taken a more pleasant tack. Several years ago, he sailed from the Galapagos Islands to the Marquesas, in French Polynesia, with a friend and his wife, on the couple's 42-foot sailboat. The transit of nearly 3,500 miles took one month. Every time Moore had the midnight watch, he says, he played Crosby, Still and Nash's "Southern Cross." Following his retirement from Wright State, Moore relocated to Colorado, where he, his partner, and their 27-year-old son, a ski instructor, are living. In addition to skiing with his son, Moore enjoys bicycling, play-

ing hockey (twice every week), scuba diving, wilderness travel, and canoeing.

CROR director Allen Heinemann, PhD, who has published a number of papers with Moore, praises him for his "tremendous insights" into state vocational rehabilitation agencies, his excellent networking with both academicians and practitioners, and his "major impact on improving employment access" for people with disabilities nationwide.

Mary Huber, Ph.D., was director of research for SARDI's Rehabilitation Research and Training Center on Substance Abuse, Disability, and Employment until a year ago. Earlier in her career, she says, she made a point of seeking Moore out and getting to know him after she kept seeing his name on papers she was interested in. "One thing that stands out with Dennis is his enthusiasm and his energy and his passion for the field."

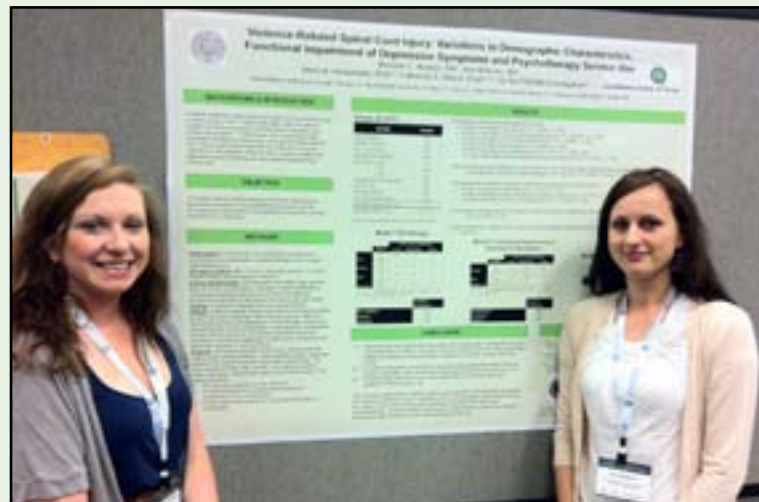
Not surprisingly, Moore intends to travel even more. Following some time working on his new house in Colorado, Moore says, he plans to explore ideas for international studies in familiar areas, such as vocational rehabilitation, drug rehabilitation, drug studies and special education. They would be, he says, "a good way to mix travel with some research."

Recent CROR Dissemination Activities

At this year's American Congress of Rehabilitation Medicine - American Society of Neurorehabilitation (ACRM-ASNR) Annual Conference in Atlanta, two CROR research assistants presented a poster about spinal cord injury research.

Michelle Hudson, M.A. (pictured, left) and **Ana Miskovic**, B.A. (pictured, right) were pleased to attend the ACRM-ASNR meeting and represent the team from the PrISMS project with a poster about violence-related spinal cord injury. The PrISMS project, or **Project to Improve Symptoms and Mood after Spinal Cord Injury**, is a five-year clinical drug trial funded by the National Institute on Disability and Rehabilitation Research. The purpose of the study is to examine the efficacy and tolerability of the study drug, Venlafaxine XR, as a treatment for Major Depressive Disorder.

The poster examined a subset of the screening data collected for the PrISMS project to assess variations in demographic characteristics, depressive symptomology, and associated psychotherapy use among those with a spinal cord injury. They found that violent cause of injury was significantly associated with younger age, male gender, and non-Caucasian race, in addition to less than high school education. The findings support prior



research in the area, and suggests that more research is needed to understand the relationship between reported functional impairment and psychotherapy service use.

The other authors included Drs. Allen Heinemann and Catherine Wilson, on behalf of the PrISMS investigators. For more information about this poster, please contact Allen Heinemann at ahinemann@ric.org. To read more about the PrISMS project, see our website: <http://www.ric.org/research/centers/cror/projects/prisms.aspx>

Substance Abuse and Vocational Rehabilitation (Continued from page three)

ment rate for consumers in their state.

“For me,” says Moore, “it’s been somewhat disappointing that employment outcomes were not more positively impacted by use of the screener; but, it’s not surprising. The use of a screener is only one tool necessary for the system to be responsive to this issue. A particular challenge in nearly every state is for the VR and substance abuse treatment systems to better integrate their services. Considering agency fiscal constraints, service timeframe differences, VR is a relatively long process, but treatment is often capitated at a few weeks, and legal mandates -- state laws may be focused more on punishment of the substance abuser rather than rehabilitation, providing VR to an active substance abuser is complicated.”

Realistically, Moore says, the SAVR-S project was asking a lot of the participating agencies. “In light of all that, I think it went remarkably well...The fact that VR Directors allowed the study within their programs is a testament to their commitment to this issue. The state VR Directors were strongly supportive of this research, in spite of the resources required of their agencies.”

In all, the study collected more than 30,000 screening surveys, Moore says, and “That’s a very large sample.”

SAVR-S’s future and legacy

Although use of the SAVR-S instrument isn’t affecting outcomes right away, Huber says, it very likely will over the longer term. It’s important for VR counselors to know more about substance abuse among consumers, including its high prevalence among consumers, she says, adding, “The awareness and the education will make a difference.”

Moore emphasizes that substantial data were received from all five states. At least two articles are in development, as well as a special report

for the VR field. In addition, other noteworthy SAVR-S spinoffs occurred:

* Ohio modified its state VR policy on substance abuse. A state-wide VR taskforce met for 18 months to draft the policy, and then counselors received training state-wide to implement the policy.

* Other participating VR programs initiated additional training in substance abuse for VR staff. Moore notes that the more experience VR counselors have with substance abuse, the more effective they tend to be in providing rehabilitation services that result in employment.

* Some states have continued to use SAVR-S voluntarily after the study concluded.

One of the next steps, Moore explains, is to make SAVR-S entirely web-based, with immediate individualized reports provided electronically to the counselor. Currently, the screener is faxed to the SASSI Institute for scoring and results are returned to counselors by e-mail. Many VR programs are moving toward a paperless model anyway, he says.

In addition, about 10 percent of VR applicants read below a fifth-grade level and thus can’t read the SAVR-S instrument, Moore says. A web version could include an app to read the screener out loud. In that regard, another project spinoff in request to VR suggestions was to develop a screening tool specifically for persons who primarily use American Sign Language (ASL). The development of the ASL screener was assisted by supplemental funding from NIDRR. Two articles on the Substance Abuse Screener in ASL have been written and submitted for publication.

“In vocational rehabilitation agencies,” Heinemann concludes, SAVR-S “has helped put this issue more firmly on the map.”



Rehabilitation Institute of Chicago



FELLOWSHIP IN HEALTH SERVICES RESEARCH

The Institute for Healthcare Studies and the Department of Physical Medicine and Rehabilitation of Northwestern University’s Feinberg School of Medicine, anticipate the availability of post-doctoral health services research fellowships. These two-year, full-time fellowships provide an opportunity for individuals who have completed an M.D. or Ph.D. to gain expertise and experience in health services and outcomes research. Positions preferably begin between July and September 2012.

Research is centered on the following topical areas:

- Disability and Rehabilitation
- Healthcare Equity
- Patient Safety
- Healthcare Quality
- Healthcare Communication
- Health Services and Outcomes Research
- Health Policy
- Healthcare Economics and Comparative Effectiveness

Information is available at <http://www.feinberg.northwestern.edu/ihs/education/post-doc/>.

We are particularly interested in candidates who share an interest in rehabilitation outcomes research and have an interest in contributing to the Rehabilitation Research and Training Center on Improving Measurement of Medical Rehabilitation Outcomes

<http://www.ric.org/research/centers/cror/projects/RRTCImprovingMeasurement/RRTC-Improving.aspx>.

Applicants should submit their curriculum vitae, detailed statement of career objectives and research interests, official graduate transcripts, and two letters of recommendation to **Allen Heinemann, PhD**, Co-Chair, Executive Committee, Fellowship in Health Services Research, Rehabilitation Institute of Chicago, 345 E. Superior Street, Chicago, IL 60611 (a-heinemann@northwestern.edu).

We encourage applications from women, minorities, and persons with disabilities. Northwestern University is an affirmative action, equal opportunity employer.