

Part Time “Detaillee” for the National Cancer Institute (NCI) under the Intergovernmental Personnel Act (IPA)

Ron Hays

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Multi-Level Mentoring Lunch Meeting
12:00-1:00 pm, 2nd Floor Conference Room



I want you to serve your country.

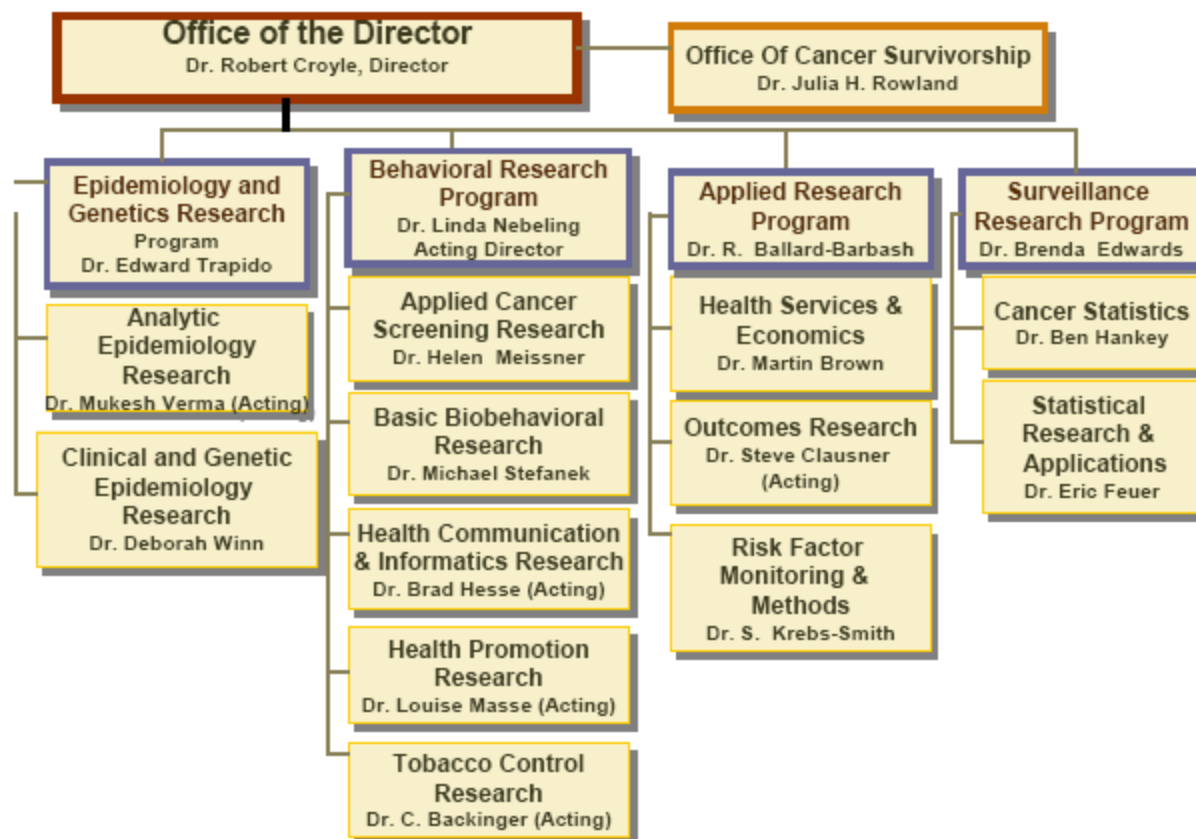




NCI Divisions

- Division of Cancer Biology
- **Division of Cancer Control and Population Sciences**
- Division of Cancer Epidemiology and Genetics
- Division of Cancer Prevention
- Division of Cancer Treatment and Diagnosis
- Division of Extramural Activities

Division of Cancer Control & Population Sciences



Division of Cancer Control and Population Sciences/Applied Research Program/ Outcomes Research Branch (ORB)

Mission Statement

“is to coordinate and sponsor research to measure, evaluate, and improve patient-centered outcomes of cancer care delivery across the cancer care continuum. ORB is particularly interested in morbidity and mortality outcomes, patient symptoms and health-related quality of life (HRQOL), patient experience of and satisfaction with health care, and social and economic consequences of cancer care.”

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Outcomes Research Branch Staff

Name	Primary Areas of Expertise
Steven Clauser <i>Branch Chief</i>	Quality of Care Performance Measurement and Evaluation Diffusion of Innovations
Neeraj Arora	Patient-centered Care Outcomes Measurement Patient-Provider Communication Quality of Care Evaluation and Improvement
Paul Han	Health Decision-making Quality of Care Risk Communication Palliative and End-of-Life Care
Bryce Reeve	Psychometrics Health-Related Quality of Life Outcomes Measurement Instrument Development and Evaluation
Ashley Smith	Cancer Prevention Quality of Life

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Neeraj Arora, Steve Clauser, Paul Han, Bryce Reeve, and Ashley Smith





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I am applying for a senior position as a quality of care researcher in response to your website posting job ID 2024. I believe that my extensive background in health services research and policy would make me a strong candidate for this position, and I would be interested in discussing this with your organization. Please find enclosed my vita, short description of current research programs and plans, three references, and writing samples.

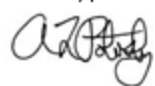
During my 21-year career at the National Cancer Institute (NCI) conducting applied health services research, I have conceived, developed and led several national studies in health care dissemination and outcomes. I have also been part of the development and design of initiatives and data resources that have helped to advance the field of cancer-targeted HSR. I have both served as both a patron of the field as a Program Director at the NCI, and also had the opportunity to conduct numerous scientific studies using a variety of data sources and new data collected via novel primary data collection efforts that I have created and led. Through these efforts, I have published 78 articles, made numerous national and international presentations of research results, served as a reviewer for several biomedical journals and expert panel reports, and served on both trans-NCI and outside advisory committees. These activities are described in more detail in the enclosed materials.

My career as a health services researcher within NCI has afforded me extensive experience with the development of grant initiatives and research projects from the "ground up", for which I have been responsible for obtaining internal review and multi-year funding from NCI leadership and external advisory panels. I also have experience advising and mentoring post-doctoral Fellows at NCI and junior staff. I have gained an close working knowledge of how health services research connects to public health and policy by working with interdisciplinary teams of researchers spanning epidemiology and behavioral sciences, economics, biostatistics, and clinical sciences.

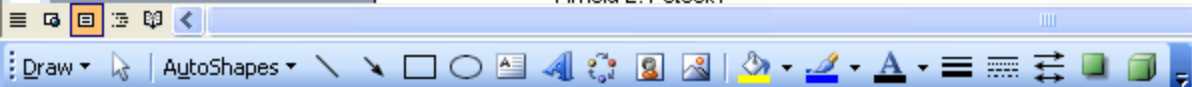
I believe that all of these attributes and experience would make me an ideal fit at RAND, an organization with which I am extremely familiar through multiple collaborations with RAND scientists over the past 15 years. I recognize and appreciate the outstanding quality of work at RAND as well as the shared belief in working across disciplines to answer complex questions, and then applying the results to address pressing public policy and health care delivery issues.

Thank you for considering this application.

Sincerely,

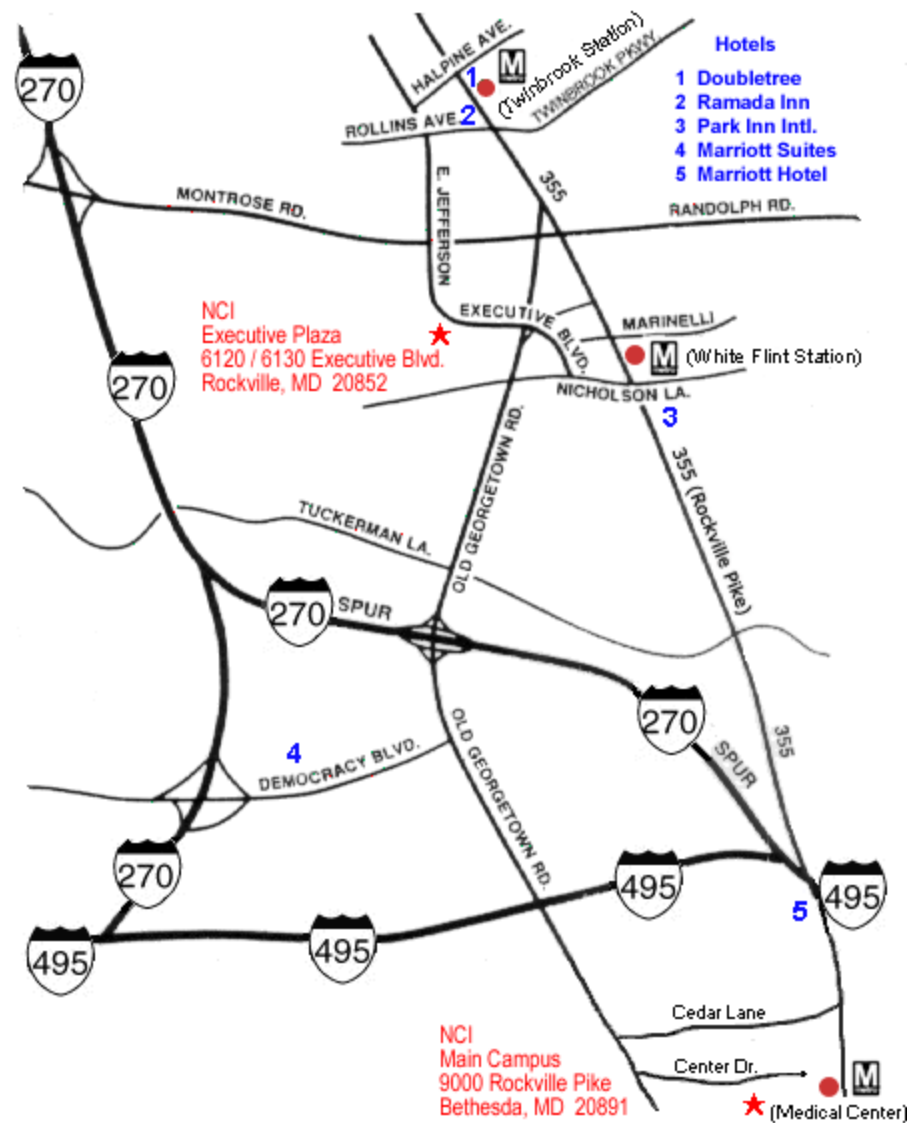


Arnold L. Potosky



Home in N. Bethesda (Rockville)







Projects

- Medicare Health Outcomes Survey (MHOS)-
Surveillance, Epidemiology and End Results
(SEER) Link
- Patient-Centered Communication in Cancer
Care
- Use of Item Response Theory
 - Special issue of Quality of Life Research on
“Applying Item Response Theory to Enhance
Health Outcomes Assessment”
 - Patient Reported Outcomes Measurement
Information System (PROMIS)

Other Projects

- Assessment of Patients' Experience of Cancer Care (APECC)
- Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS®)-Surveillance, Epidemiology and End Results (SEER) Link
- Assessing Patterns of Care and Health Outcomes for Adolescent and Young Adults with Cancer



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[SEER-MHOS Data Request Form](#) — [download] by [Zeruto, Chris](#) — last modified Jun 06, 2007 11:06 AM

Please download this form and answer all questions before requesting data analysis using MHOS or SEER-MHOS data. Follow all directions and email completed files to zerutoc@imsweb.com or toporm@imsweb.com.

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MHOS-SEER 2008 Special Issue

- Health Care Financing Review (2006 IF = 1.027)
 - Ambs A, Warren J, Bellizzi KM, Topor M, Haffer C, Clauser S. 2008. Overview of the SEER-Medicare Health Outcomes Survey linked dataset.
 - Clauser S, Arora NK, Bellizzi KM, Haffer SC, Topor M, **Hays RD**. Disparities in health-related quality of life by race/ethnicity and other socio-demographic variables of cancer survivors and non-cancer enrollees in Medicare managed care.
 - **Hays RD**, Smith AW, Reeve BB, Spritzer KL, Marcus, S, Clauser SB. Cigarette smoking and health-related quality of life in Medicare beneficiaries.
 - Reeve BB, Smith AW, Arora NK, **Hays RD**. Reducing bias in observational cancer research using propensity score matching.
 - Smith AW, Reeve BB, Bellizzi K, Harlan LC, Klabunde CN, Amsellem M, Bierman AS, **Hays RD**. Cancer, comorbidities and health-related quality of life of older adults.

Editorial

Advancing research on patient-centered cancer communication

When faced with a cancer diagnosis, patients often experience significant emotional distress and feelings of uncertainty about their future. They have to process complex medical information and make difficult, life-altering, treatment decisions. To minimize their illness burden, such patients should ideally receive care from a health care system that provides them with an unfailing environment of ongoing support and focuses on meeting their needs as best as possible.

To facilitate the delivery of such “patient-centered” care and to reduce patient and family suffering due to cancer, the Division of Cancer Control and Population Sciences at the National Cancer Institute (NCI) in the USA, has identified the “assessment, monitoring, and improvement of the delivery of patient-centered communication between patients/family and the health care delivery team(s) across the cancer control continuum” as a key research priority.

Our prior work in the area of patient–clinician communication [1,2] led us to identify the need for a comprehensive conceptual framework that would identify and define core elements of patient-centered communication that could then be operationalized into standardized measures for collecting data in diverse cancer care delivery settings. We also recognized the relative lack of understanding in the current literature on potential mechanisms by which patient-centered communication is likely to result in optimal patient health outcomes. To address these issues and to lay the foundation for future innovative research in this area, we recently published a monograph titled *Patient-Centered Communication in Cancer Care: Promoting Healing and Reducing Suffering* (<http://outcomes.cancer.gov/areas/pcc/communication/monograph.html>) [3].

Led by the primary authors, Ronald M. Epstein, MD, and Richard L. Street, Jr., Ph.D., the content of the monograph has been informed by extensive input from several NCI research scientists as well as discussions with a number of experts in the area of communication, oncology, health care delivery, quality

- Emphasis on research that examines the relationship between patient-centered communication and patient health outcomes.
- Discussion of potential mediating and moderating mechanisms of the association between communication and patient health outcomes.
- Identification of specific research priorities that would guide the research community and funding agencies in planning future research initiatives in this important area.

While the studies reviewed in the NCI monograph reflect the reality of existing literature which is often focused on cross-sectional analysis of the patient–physician dyad, the monograph lays the foundation for future studies to take a more longitudinal, systems approach to studying cancer communication. Future studies will need to focus on optimizing communication between health care delivery teams and the patient and family team and not just the patient–physician dyad. From the stand point of improving the quality of cancer care, it is important to understand how well the health care system as a whole, and not just a single physician, delivers patient-centered communication as patients go through different phases of their cancer journey. It is our hope that informed by the next generation of communication studies, health care delivery and population-based surveillance systems will incorporate standardized measures of patient-centered communication along with traditional clinical metrics in a more comprehensive assessment of quality of cancer care delivery.

1. A call for papers for a special issue

To further build upon the conceptual foundation laid out in the NCI monograph, Patient Education and Counseling (PEC) is planning a special issue on Patient-Centered Communication in Cancer Care. The aim of this special issue is to feature high

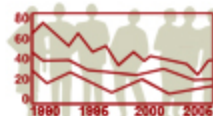
Patient- Centered Communication

- Monograph (Epstein & Street)
- Review of proposals (RTI award)
- Scientific Advisory Group (SEG) for the AHRQ/NCI Patient-Centered Communication Measurement project



Address https://appliedresearch.cancer.gov/apec





Assessment of Patients' Experience of Cancer Care **APECC**

Applied Research Program, DCCPS

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Mar 01, 2005

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APECC

by admin_eric — last modified Mar 24, 2006 02:00 PM

Welcome to the APECC Data Exchange Website.

This site can be used to share files relating to the APECC study.



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Address http://outcomes.cancer.gov/surveys/apecc/

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Cancer Control and Population Sciences

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What is the APECC study?

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The [Institute of Medicine](#) recommends the development and use of patient-centered measures to assess the quality of cancer care from the patient's perspective. These measures would complement indicators of clinical and technical quality.

Such patient-centered evaluations have been typically conducted through patient surveys. However, as highlighted by the report of NCI's [Cancer Outcomes Measurement Working Group](#), comprehensive, psychometrically sound, cancer-specific measures of patients' experience of, and satisfaction with the care they receive are lacking.

To move the science forward in the area of cancer patients' experience of care assessment and to stimulate future methodological work, the Outcomes Research Branch conducted the Assessment of Patients' Experience of Cancer Care (APECC) study, funded as part of the [SEER Rapid Response Surveillance Study](#) contract mechanism. The main objective of the study was to develop and pilot test a survey instrument that would comprehensively assess cancer survivors' experiences of and satisfaction with the follow-up cancer care they received in the previous 12 months.

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08 Jan 2008

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NCI Sponsored Web-based Behavioral Measures Brainstorming Meeting

Richard P. Moser, Ph.D.

Research Psychologist

Office of the Associate Director

Behavioral Research Program

Division of Cancer Control and Population Sciences

National Cancer Institute

6130 Executive Blvd., MSC 7326

Executive Plaza North, Room 4052

Bethesda, MD 20892-7326

NIDDK 2008 Diabetes & Obesity Disparities in Healthcare Systems Conference

- June 30-July 1, 2008
- Natcher Conference Center, NIH
Campus

Symptom Management and HRQOL Steering Committee

- Design and prioritization of clinical trial concepts for studies that NCI supports
- Co-chairs, Deborah Bruner and Michael Fisch
- NCI Division of Cancer Prevention, Lori Minasian and Ann O' Mara

Tidbits

- Security
 - NIH badge
 - Laptop computer
- Government versus academic
- <http://www.memsahibrestaurant.com/rockville.php>

Menu

Our **Rockville** location features a mouth-watering lunch buffet and a unique dining experience in the evening. Because you will be eating with your fingers, we wash your hands and serve you a delicious prix-fixe six course dinner while a belly dancer and the magical sights of Bollywood entertain you. Please call (301)468-0098 for reservations and private party information.

THE THREE SALADS

- Cooked Eggplant in a Tomato Sauce
- Cucumbers and Bell Peppers in a Cumin Dressing
- Carrots in a Coriander Dressing

FIRST MAIN COURSE CHOICES

- Tandoori Chicken
- Vegetable Samosa Served with Channa Masala on Rice Pilau, Served with Dehi Bhalla (vegetarian)

SECOND MAIN COURSE CHOICES

- Makhni Chicken OR Boneless Lamb Curry Punjabi Style, Served on a Bed of Rice Pilau with Naan Bread
- Malai Kofta, Daal and the Vegetable Dish of the Day Served with Naan Bread (vegetarian)

THIRD MAIN COURSE CHOICES

- Chicken Shish Kebab with Mango Chutney
- Paneer Kebab (vegetarian)

A BASKET OF SEASONAL FRESH FRUITS

HOT MASALA TEA SERVED WITH THE DESSERT OF THE DAY

WE ALSO HAVE A FULL BAR WITH BEER, WINE, AND COCKTAILS



DC Fun

<http://www.fordstheatre.org/visit/virtual-tour.htm>

