Interviewer: Thank you. Good afternoon. And thank you Dr. LaPuz. It’s really a great honor to be here to speak before all of you, and to receive this award. And I’m especially humbled to be considered among the ranks of my colleagues who have received this award before me, incredible researchers like Lisa Rubenstein, like Steve Finn, Rod Hayward, Paul Shakaw [ph], Ben Berkowitz, Hayden Bosworth, Becky Anor to name just a few. Receiving this honor has given me time to reflect on what it means to have a successful VA career and academic career, and what has helped me get to this point. And so I’d really like to share some of those reflections with you today.

I’d like to be able to say that there’s a straight path to a successful career in VA research, and if there were the milestones would look something like this. First, we have to have some good ideas about what you want to do in your research. And then you have to work really hard, and above all, you have to stay focused because you can’t let distractions, like let’s say, interesting service projects, get your way. And you have to get grants and publish. This was something that my mentor, Rod Hayward, when I was a junior investigator, would really stress. We have a hall in our center of investigators. He’d walk down the hall and he’d say – poke his head in one room - and he’d say, “Get grants and publish.” And then he’s go down the hall and go to the next room and he’s say, “Get grants and publish.” I swear to God he did this.

 If you did those four things, more likely than not, you would get promoted, and in an academic career that might be your ultimate goal. But we all work in the VA, and we know that our ultimate goal is to impact Veteran’s health and healthcare. If it were as simple as a straight path. In fact, I learned that there is no straight path. Instead, there is a long and sometimes winding road in my journey with many milestones and several questions along the way that I had to answer. And the first of those questions was where do I want to go? What is the passion that gets me to get up in the morning and go to work?

 The second was how do I get there? Because the direction wasn’t always clear. And this is important for me - who can I count on? Where can I find the support and the mentorship that I need? And even when I answered all those questions, I still needed to answer how fast do I go? How do I find the balance between what’s important in my career and what’s important in the other aspects of my life? And ultimately, how can I make a difference? Because we all got in to the healthcare field to make a difference, to make a difference in the lives of our patients, of our mentees, and in healthcare in general.

 I want to share with you some of the answers that I found along this part of my career journey, but with any career journey it’s hard to define the start date. And I actually want to go back to way before I even thought about medicine as a career, and that’s when my family and I immigrated from Warsaw, Poland to New York City when I was six years old because without that part of my journey I wouldn’t be here. And so I’m very grateful to my parents for immigrating when they did. I particularly want to thank my grandmother. She’s pictured here dancing the Farrah [ph] at my wedding, and also my mother. My grandmother died at the age a hundred several years ago, and she was one of the bravest persons I know. She survived the holocaust in Poland, and she saved my mother on more than one occasion. I want to pause here to reflect that being the daughter and the granddaughter of holocaust survivors I would not be standing here before you today if it wasn’t for the brave American service men and women who liberated much of Europe. And even though it wasn’t American soldiers who liberated the areas where my parents were at the end of the war, it’s clear that without American’s involvement in World War II, my family would not have survived. Instead, thanks to American soldiers, my grandmother and grandfather, who I never knew, they were able to rebuild their lives after the war. And they stressed education for their only daughter, my mother, who then went on to become a doctor, to get an MD degree and become a neurologist as well as a basic scientist.

 And when we immigrated my grandmother immigrated with us, and she had to rebuild her life yet again. She had to learn English, she had to adapt to an American way of life, and I know she would be so happy and so proud if she could see me get this award today. My mother has also been my inspiration. She has accomplished so much in her career, but she always put family first. She left Poland to create a better life for herself and for her family, and she also had many struggles along the way. So I really want to thank her for everything she has done to support me and also, I hope she’s listening live streaming online, if it works. I also want to thank my stepfather, Dr. King Angarth ph], who has also inspired me to work really hard and supported me on my journey since my mid-teens. He’s one of the smartest people I know, one of the best doctor’s and has been a wonderful role model.

 From New York City my mom and my stepdad moved to the DC area when I was in ninth grade. From there I went to Washington University in St. Louis for college and to study abroad in France in my senior year, and also to travel all through Europe. And it was on one of these travels thirty-two years ago Florence, Italy that I met Rob, my husband, who’s here today in a gelateria, D’uomo. That was us back then, in the top corner, where we met. Then, five years ago when we went back to Florence with our daughter, all of us standing in front of that gelateria where we met. Meeting Rob, without a question, had been the most significant milestone in my journey to date. There is no way that I could have accomplished what I have without Rob at my side. He’s been my best friend, my partner, an amazing supporter. And early on he helped me practice my talks. He’ll tell you how many ten-minute talks he heard, and he took over all the work at home when I traveled or when I was working on grants, and he was always there, like he is today, when I had successes or when I had failures.

And together I think our most amazing accomplishment are our two wonderful daughters, Jessica and Rachel. The middle picture is of a recent trip we took to Scotland, and we’re standing in front of the Kerr Castle. It’s not ours, but it is the Kerr Castle. My older daughter got to come. She’s in the black coat. She graduated from Indiana University a year ago. She works for Deloitte Consulting right now. They did not give here the day off. She’s on a plane somewhere. But my younger daughter, Rachel, is here today. She just graduated from high school. She’s going to Wesleyan University in Connecticut in just a month. Jessica and Rachel, I am so proud of the young women you’ve become. I’m so excited for your futures, both of you, and I know you will do great things with your lives. My family has helped me to balance my life, to keep a focus on what is important in both work and at home, and to motivate me and inspire me every single day.

After I met Rob I headed to medical school, so my actually career journey started. I went to medical school in San Francisco, stayed on the west coast for residency, fellowship, before heading to Michigan before the rest of my career. And UCSF was just a great place to go to medical school, and the most amazing thing was the view we had from the anatomy suite. We could look to the Golden Gate Bridge. Anybody going to medical school there could tell you that. I did find my clinical passion at USCF to become an internist. And from UCSF I headed to UCLA for internship and then fellowship, and it was really at UCLA that I began to find my research passion. And it was during the second year of residency – it was my first month of the second year – and I met my attending ASUA [ph], and every morning at rounds one of things that I complained about was that I could not get patients with Medicaid insurance to get any kind of adequate follow up. And I was very upset about this because I was sending really sick patients home without follow up. And I guess Al got tired of my complaining because he finally said, stop complaining, study it.

That was my first health services research project, and that was what motivated me to apply to the Rapper Wood Johnson Clinical Scholars Program, where I met Bob Brook, who then really motivated and enhance my interest in studying quality of care. I also met Beth McGlinn [ph] at that time. We started that collaboration to study US Healthcare. And importantly, I met Lisa Rubenstein who was my attending when I was at UCLA. Many of you know Lisa. She isn’t here today - I think probably the first meeting, but she isn’t absent, she retired. But she was the first one to tell me I should look in to working at the VA.

Having these wonderful mentors and colleagues, it was actually very difficult to leave Los Angeles, but I could not pass up an opportunity to work at the VA Ann Arbor Healthcare System and the University of Michigan. And actually, coming to Michigan has been the best move I ever made. I first came when we had a very small academic division of general medicine. Larry McMann led it – he still does. There were about ten of us at the time doing research, and Rod Hayward had just become the director of our center of excellence, literally just a few months before. And we had maybe six researchers including myself. But both Larry and Rod were extremely supportive, and most importantly, they really encouraged me to develop a research agenda that I was passionate about, and that focused on better ways to measure and to improve quality of care. And it was because of their support, and really, the tremendous mentorship of Rod Hayward and because I was working in the VA that I was able to get a VA Career Develop Award from HSRND, and that launched my career in the VA as well as nationally.

When I came to Michigan, it was also my privilege to become a permanent care doctor at the VA Ann Arbor Healthcare System. That has been part of my identity and my passion for these past twenty years. It’s especially meaningful to me that I still have several World War II Veterans who I take care of in my clinic. I feel very proud to be able to take care of those who have served this country, and to do research that can help improve their care. I also want to thank the doctors and nurses in Ann Arbor who provide exemplary care to Veterans, and who teach me new things every day.

I also want to acknowledge the support I have had through the VA Ann Arbor Healthcare System and in particular the support of Mr. McDevitt, who was our director, now our visiting director, and has always encouraged research in Ann Arbor. I really appreciate that you were able to come today to be here. I also want to thank Dr. Eric Young, Dr. Leo Greenstone, who was ACLS [ph] for ambulatory care, Sanjay Saint and Adam Trombley.

It was at the Center of Clinical Management Research which, again, I joined when Rod was director, but which I’ve had the privilege of directing now for almost ten years. I’ve been able to find support for to do VA research, and to collaborate with many VA colleagues including many, many of you both in Ann Arbor and across the nation. This is a picture of us at our thirty-five-year anniversary. It was about, I guess, four years ago now. We have incredible staff, over a hundred staff, doing VA research, over forty investigators now affiliated with our center, and it is truly a privilege to work with each and every one of them. I’m so impressed by their accomplishments, and I feel very lucky to be able to support this center as its director.

I do want to call out four colleagues at our VA Center with whom I really couldn’t function, and first is Julie Lowry who’s been our Associate Director for over twenty years and who’s been an incredible partner directing our center with me. Jan Adams Watson who just recently retired. She was our long-standing AO. Mandy Clamorous, who’s been my Project Manager. I could not do VA research without her, literally, for the past fifteen years. And Sarah Connor, who’s my Administrative Assistant and helps me juggle all my work life.

I’ve also had the privilege to work with many wonderful investigators, and some have moved on to other places. All of them have stayed in VA, even when they moved, so I feel like it’s a great accomplishment. And, of course, one who’s taken a leadership position at ORD [ph]. And these five colleagues I just want to acknowledge because they’ve been such close collaborators in Ann Arbor as well as good friends. They’ve each shown my new ways to think about research, research methods, and research topics.

And I also want to thank the many students, fellows, junior faculty with whom I’ve worked with over the years. Pictured here are just some of the mentees who come through CCMR [ph] while I’ve been the director. Some of them are, of course, are established investigators now with their own mentees and some have moved on to other VAs. Working directly with such talented junior researchers, helping to support their careers – that’s really been the most gratifying part of my job by far. Knowing I can make even a small difference on their success is sufficient for me to justify the journey.

Finally, I want to thank all of you, my VA colleagues, my HSR&D colleagues because HSR&D, for me, it’s been truly a family. And I’ve been fortunate to get to know many of you and work with you across the nation. I want to especially thank a few of you, and first Steve Ash, who I’ve had the privilege of working with for longer than anyone in my career. We were fellows together back at UCLA, and he’s been not only one of my closest colleagues, but also one of my closest friends. Becky Anno, Gina Donne, Laura Peterson – I don’t think I could have been Center Director for the last ten years without you guys, so thank you for your support. And Steve Finn and Joe Frances, who’ve been incredible partners for me and for our center. They’ve taught me a lot about how the VA works, but most importantly, how together we can make it work better.

And finally, I want to discuss very briefly some themes and quality of care from my career journey and the work that still lies ahead. One of my main focuses has been to understand how to measure quality and what influences it. And as you heard, one of our earlier papers done with Steve Ash and with colleagues at Rand Howe use a new and comprehensive approach to quality measurement. We documented that Americans received only about fifty percent of indicated care, but the news wasn’t all bad because we also found that systems of care really matter. Back in 2003 we documented that VA delivered better care for diabetes, and in work that I did with Steve Ash, that VA delivered better care for chronic conditions than did the private sector. And as you heard, Tim Hoffer and I debunked the clinical inertias theory showing that clinical uncertainty, rather than inertia, often drove decisions about when to intensify therapy. So this started to give us some clues about where we can improve.

Another theme I’ve pursued is how to get the intensity of care right, and have demonstrated that more care is not always better. So in a paper with Michelle Keisler [ph], we showed that the physicians often intensified therapy even when patients are nonadherent to the medications they're already on. We also showed that blood pressure is being overtreated in some patients who are not likely to benefit from it, and that some patients are getting colonoscopies, screening colonoscopies, when they probably don’t need them, and that’s driven by performance measures that focus on age rather than on the potential for benefit. More recently, we showed that older patients are really having blood pressure medications or diabetes medications stopped even when they had very low levels of blood pressure and glycemic control, dangerously low levels.

Given that quality of care continues to have some problems and that some patients are getting too much and that some patients or getting too little medical care, we spent some time trying to figure out what is the way forward in both delivering and in measuring quality. Together with my colleagues, I spent the last years thinking about new and better ways to deliver patient centered care, to reimaging how we measure quality of care, to staff the over consumption of healthcare, and to de-intensify medical services when they are not likely to be beneficial or may be harmful. And in fact, Tim Hoffer and I are very interested in developing approaches to measuring and motivating deintensification which is stopping or scaling back the intensity or frequency of medical interventions that are currently part of a patient’s ongoing management.

We recently conducted, with a medical student, a review of all diabetes, major diabetes and cardiovascular guidelines, and we found that of 372 recommendations, only about 28 percent focus on deintensification. So it should come as no surprise that clinicians often don’t know when to stop or scale back on needed treatments. So our newest study – this is a study that Tim Hoffer and I are leading in IAR [ph] – that’s going to be applying a systematic method to identify when intensification is called for. We’re doing this for chronic conditions and for screening tests to access how frequently the intensification is already happening in the VA, and then, importantly, to provide approaches to monitor and facilitate appropriate deintensification activities. Because we feel that balancing the medical profession’s focus on aggressively treating patients who are likely to benefit with an explicit consideration of when to de-intensify treatments when they are no longer useful or potentially harmful, is the next frontier for improving care quality.

As part of the undersecretary of Ward, I’ve now had an opportunity to think about my next frontier in research. And it might come as a surprise to you that my plan is to focus my research to answer how can we ensure that Veterans get the care they need, but not care that is unnecessary or may harm them. There are many aspects to this question that I’d really like to focus on including how do we measure appropriateness, how do we know when this is happening, but also how to incorporate Veteran’s perspectives so I really appreciate Richard’s comments today about this – and how to motivate the innovated strategies to reduce the use of unnecessary services so that we can really focus on the necessary services that Veterans need.

But more broadly, as we enter the next transformation of VA Healthcare, I want to answer how can we access and improve VA care in the new VA? Those of you who have been around long enough may have figured out that I joined the VA during the Kaiser transformation, the first transformation of VA that happened around ’95, ’96. That was a really remarkable time. We changed VA. We made it better. We documented that VA was better than the private center. So I’m energized by the prospect of expanding my research agenda now to understanding what’s happening in the VA, but also to improving VA care in this next transformation for VA.

As I delve in to these issues about how we do that, I’m brought back to a quote be Avedis Donabedian, who is long acknowledged as the father of quality of care. And he said, “Systems awareness and systems design are important for health professionals, but they are not enough. There are enabling mechanisms only. It is the ethical dimensions of individuals that are essential to a systems success. Ultimately, the secret of quality is love.”

Similarly, I can say that the secret of a successful career journey is love. Throughout, love in one shape or another has fueled my work and made it meaningful. My journey had been driven by a passion for making quality of care better both through my research and my day to day work in the clinic, by my family that has centered me, supported me through good times and hard ones, and make everybody that I do worthwhile. By superb mentors who have challenged and supported me and my work, wonderful colleagues and mentees and the opportunity to work with them, and to support them in their work. And ultimately, my journey had focused on making a difference.

And the VA, the HSR&D Service, the Ann Arbor VA, and the University of Michigan have created a unique environment where I’ve been able to work and make a difference. For that I'm very thankful and very appreciative of this recognition of the VA Undersecretary Award for Health Services Research. So today I stand before you as an American, an immigrant, a doctor, and a researcher whose honor to serve and to make a difference in the lives of Veterans. Thank you.