

Progress in Health-Care

Vet-Link: A New, National, Interdisciplinary Clinical-Research Network for Veterans Care

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Vet-link is a new interdisciplinary network that has developed to facilitate efforts to meet Canadian veterans' current and emerging health-care needs through research collaboration. Vet-link partners will co-operate on funded research on themes of mutual interest and transfer of knowledge to improve services for clients, and contribute to national policy and program development where possible. Initial research foci include: 1) pain management; 2) end of life care; 3) treatment of depression; and 4) designing for dementia. Vet-link invites partnerships, liaisons and relationships with all interested parties (contact lead author).

Key words: Veterans care, applied research, consortium, network, long-term care

INTRODUCTION

Vet-link is a new, interdisciplinary network that has developed to facilitate efforts to meet veterans' current and emerging health-care needs through research collaboration. Vet-link brings together researchers, clinicians, administrators and academic partners from across the country, with expertise in matters related to veterans and other seniors. The Vet-link network complements initiatives by Veterans Affairs Canada (VAC)¹ to address health needs in veterans care. From a practical standpoint, Vet-link represents a grassroots, clinically-grounded, applied research consortium that will promote improvement and consistency in the quality of existing care and services, support the development of new and more effective care and services, and enhance both the clinical effectiveness and the cost effectiveness of health service delivery in this sector.

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HISTORY

Vet-link emerged from a panel on pain management which was convened at VAC's first national long-term care conference in April, 2001.² The panel brought together veterans care providers from Parkwood Hospital (St. Joseph's Health Care, London, Ontario), Ste. Anne's Hospital (Ste-Anne-de-Bellevue, Quebec) and Camp Hill Veterans Memorial (Queen Elizabeth II Health Sciences Centre, Halifax, Nova Scotia). The panel participants recognized the opportunity to create a network of clinician-researchers that could foster excellence and promote consistency in the delivery of clinical and health services to veterans of the Canadian Armed Forces. Like-minded clinicians and researchers affiliated with other organizations have joined the network, including clinicians and researchers at Deer Lodge Centre (Manitoba), several British Columbia organizations (Vancouver Island Health Authority, The Lodge at Broadmead and the Veterans Health Centre), and Sunnybrook and Women's Health Sciences Centre (Ontario). Vet-link invites partnerships, liaisons and relationships with all interested parties (contact lead author).

MISSION, VISION AND VALUES

A Canadian Institutes of Health Research (CIHR) Institute of Aging grant was obtained to support an initial planning workshop at Parkwood Hospital, London, Ontario, in October, 2001. Subsequent collaborative efforts have built on the framework established at that meeting, to define the mission, vision and values of the Vet-link network.

Our mission is to become an applied research

network that co-operates on funded research on themes of mutual interest and on transfer of knowledge to improve services for clients, and that contributes to national policy and program development where possible.

We envision a truly collaborative network of individuals, teams, facilities, professional organizations and segments of the lay community committed to the goal of improving health and well-being for veterans and related cohorts. This shared commitment will play a significant role in optimizing continuity, consistency and quality of care for current and future generations of Canadian veterans across demographic, cultural and geographic boundaries.

Values that underpin the Vet-link alliance for applied research include the belief that national collaboration is essential to raise profile, enhance quality, build capacity and maximize cost efficiency, particularly since the target population (Canadian veterans) is politically defined and geographically dispersed. Vet-link research initiatives will embody belief in client-centredness as a cornerstone of quality health-care,^{1,3} and attention to knowledge translation as an integral component of responsible and ethical research.⁴

OBJECTIVES

Vet-link has three primary objectives:

- To stimulate the development of potential research partnerships
- To conduct applied research on clinical and health service priorities
- To encourage the use of research findings in clinical practice.

The *first* objective, to stimulate the development of productive research partnerships, has received the bulk of attention since the inception of the network. A poster describing the Vet-link initiative was presented at the 2002 Canadian Association on Gerontology annual meeting in Montreal, Quebec.⁵ VAC published an introduction to Vet-link in the November 2002 edition of *Salute!* (a VAC consumer newspaper).⁶ The 2002 VAC National Long Term Care meeting in Victoria, British Columbia, included a plenary session on Vet-link.⁷ A web page (www.vet-link.ca) is under construction in partnership with the Lawson Health Research Institute, London, Ontario. Vet-link partners have focused on recruiting an interdisciplinary comple-

ment of potential collaborators within their facility and/or region. University-based researchers and colleagues from affiliated health science centers as well as from VAC have been identified as research collaborators.

The *second* objective, to conduct applied research on clinical and health service priorities, builds on the capacity and momentum created by the development of potential research partnerships. The Vet-link consortium will target research issues that are:

- Clinical/applied
- High incidence/prevalence
- Understudied
- Add value in relation to broader Canadian clinical/health service research priorities
- Include aspects that are optimally accessed in or relevant to veterans health services.

To date, overlapping constellations of partners have committed to several research programs. Research collaborations are underway in the areas of: 1) pain management; 2) end of life care; 3) treatment of depression; and 4) designing for dementia.

Each of these issues represents central considerations for the health and well-being of older adults in institutional care. Veterans care facilities provide a unique opportunity to investigate the contribution of gender and cohort to outcomes, and to examine knowledge translation challenges within a defined service sector.

The *third* objective, to encourage the use of research findings in clinical practice, reflects the practical orientation of the Vet-link initiative. Veterans have both unique health-care needs related to their history of military service, and universal health-care needs related to the processes of aging. The 400,000 veterans of World Wars I and II, the Korean War and the Merchant Marines, are in the 70 to 100 year old age bracket.¹ VAC supports departmental and contract priority access beds for veterans in chronic care and long-term care facilities across Canada, as well as programs to support veterans who are able to have their health-care needs met through outpatient services. The VAC active client base (all programs) in 2001 was approximately 195,000. VAC estimates that by 2015, it will be serving 141,000 clients.¹ Vet-link will contribute to the implementation of evidence-based best practices to improve services for VAC clients as an integral component of each of its

applied research initiatives.

Beyond the benefits for veterans care specifically, outcomes that are expected to accrue from attention to knowledge translation include increased presence and participation in the broader clinical and health services research community, and contribution to national policy discussions that will benefit the broader Canadian population.

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Media Releases

ACTONEL® ONCE-A-WEEK DOSING AVAILABLE FOR OSTEOPOROSIS TREATMENT IN POSTMENOPAUSAL WOMEN

Health Canada has approved a 35 mg once-a-week dosing indication for Actonel® (risedronate sodium) for treatment of osteoporosis in postmenopausal women. This is intended to improve patient compliance.

A 1-year, randomized, double-blind, multicentre study found that Actonel® 35 mg taken once a week was as safe and effective as Actonel® 5 mg daily for the treatment of postmenopausal osteoporosis. The mean increases from baseline in lumbar spine BMD at 1 year were 4.0% (3.7, 4.3: 95% confidence interval) in the 5 mg daily group (N=391) and 3.9% (3.6, 4.3: 95% confidence interval) in the Actonel® once-a-week group (N=387). For total hip BMD, the mean increases from baseline at 1 year were 2.51% in the 5 mg daily group, and 2.35% in the 35 mg once-per-week group. No statistically significant differences were seen between these treated groups in the number of patients with at least one new fractured vertebra at 1 year.

Actonel® 5 mg daily is indicated for the treatment and prevention of osteoporosis in postmenopausal women, and it is also indicated for the treatment and prevention of glucocorticoid-induced osteoporosis in men and women.

Actonel® 35 mg once-a-week is indicated for the treatment of osteoporosis in postmenopausal women.

Actonel® should be taken on an empty stomach according to the directions.

REVOLUTIONARY PET SCANNER UNVEILED IN HAMILTON

St. Joseph's Healthcare in Hamilton, Ontario, a 600+ acute care hospital affiliated with McMaster University and Mohawk College, has obtained the world's most advanced positron emissions tomography (PET) scanner in its Brain-Body Institute. PET imaging illustrates chemical activity in an organ or tissue as opposed to its structure, eg. PET can map out regions of the brain where nerve cells are working during a particular mental task, enabling researchers to "see thoughts".

This PET is unique because it permits imaging of 1/3 of the body, including the brain and lung at the same time. Current PET scanners offer researchers only a 15-cm view. At 50-cm, the St. Joseph's PET scanner gives scientists views of large sections of the body simultaneously. The device is more efficient

than current models, cutting down examination time from an hour to just minutes.

The \$4.5 million device is being used by a variety of specialties, including psychiatry, psychology, respirology and gastroenterology. Drug distribution and turn-over can be observed anywhere in the body, and metabolic activity in tissue can be studied to reveal functions from thought processes to cancer. PET is valuable in diagnosing neurological diseases, including Alzheimer's, epilepsy and Parkinson's. PET allows researchers to detect cancerous tumours, and determine whether the malignancy has spread. PET is also used as a research tool to study the functioning in the body, eg. one can observe an asthma patient inhale medication and watch it disperse throughout the lungs. PET will pinpoint the brain's influence on many diseases, including GI disorders, depression and obesity.

The procedure is safe and painless. The patient is first injected with a tracer tagged with a small amount of radioactivity that quickly distributes throughout the body. In regions where there is increased activity, eg. emerging tumours or intense thoughts, the associated cells will absorb more of the tracer.

The scanner is part of a \$40 million investment at St. Joseph's Healthcare, by the Ontario Challenge Fund, Ontario Innovation Trust, Canadian Foundation for Innovation, CPS Innovations, McMaster University and local donors.

ERECTILE DYSFUNCTION

Two promising oral therapies for ED, *vardenafil* and *tadalafil*, are under review by the FDA in USA and may be available soon. Like Viagra, these drugs increase bloodflow to the penis by inhibiting an enzyme. Vardenafil works especially well for diabetic men; in a recent presentation at the American Diabetes Association, researchers reported that vardenafil improved erections in 73% of diabetic men with ED. Tadalafil offers more rapid onset of effects and longer action (24 to 36 hrs) than Viagra, and no visual disturbances have been noted.

PRUNES RENAMED "DRIED PLUM"

For the 1st time in 6 years, prune sales increased after the U.S. FDA approved a request for a name change to *dried plum*. The newly renamed California Dried Plum Association did a study showing that people were more likely to try dried plums than prunes, even though they are the same.

Source: Nation's Restaurant News 2002; 36: 40.

(Media Releases continued on Page 109)

BILL TO ALLOW U.S.-MANUFACTURED DRUGS TO BE RE-IMPORTED FROM CANADA

www.dorgan.senate.gov/meds.pdf

www.healthreformprogram.org - click on US Health Reform (USHR)

US Senator Byron Dorgan (D-ND) offered legislation that could help U. S. senior citizens and other consumers save up to 38 billion dollars a year in prescription drug costs by allowing the re-importation of U.S. manufactured drugs from Canada. Access to these medicines may mean the difference between senior citizens leading a healthy independent life or debilitating disease.

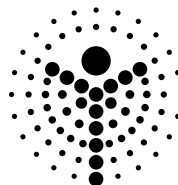
The legislation had tripartisan support. Co-sponsors included Senators Jeffords (I-BT), Collins (R-ME), Snow (R-ME), Wellstone (D-MN), Stabenow (D-MI) and Levin (D-MI). Many drugs sold in Canada are manufactured by U.S. companies, in the same plants as the identical drugs sold in USA, packaged in the same bottles and produced under the same U.S. FDA supervision. The only difference is price, according to Senator Dorgan. The pharmaceutical companies routinely charge much higher prices in the U.S. and much lower prices in Canada. This legislation would allow U.S. seniors and other consumers to gain access to these lower prices. Surveys have shown prices in Canada are, on average, 38% less than those charged in USA. The legislation allows U.S.-licensed pharmacists and drug sellers to import FDA-approved medication from Canada only. There was heavy drug industry lobbying against the bill.

HEALTH CANADA ISSUES A WARNING (CANADA'S FOODSERVICE NEWS, OCTOBER 2002)

Health Canada and the Canadian Food Inspection Agency (CFIA) have issued an advisory to foodservice establishments regarding *baked potatoes – when baked in aluminum foil and kept warm or stored at room-temperature*. They may be contaminated with spores of *Clostridium botulinum* and cause life-threatening botulism. The spore-forming bacterium is widely distributed in the environment on fruits and vegetable, especially those in contact with soil, but can usually be consumed without harm. It is *when they are cooked and kept warm in aluminum foil (at temperatures between 22 and 65°C)* that conditions are created for the spores to become toxic. The botulism can be fatal.

In order to prevent this risk, potatoes must be unwrapped and refrigerated at 4°C as soon as possible, at least within 1-2 hours. Potatoes prepared in other ways are not associated with this risk. However, the CFIA advises that a good practice is to refrigerate any leftover potatoes, regardless of how they were cooked.

Osteoporosis strikes 1 in 4 women and 1 in 8 men, over 50 years old.



Osteoporosis Society of Canada

La Société de l'Ostéoporose du Canada

**Call 1-800-463-6842
for more information
www.osteoporosis.ca**