

# CURRICULUM VITAE

## PERSONAL DATA

Name: John Daniel Piette, Ph.D.  
Professor, Department of Internal Medicine  
Division of General Medicine  
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Research Career Scientist  
Center for Practice Management and Outcomes Research  
Ann Arbor VAMC  
Ann Arbor, MI

## EDUCATION

9/1981 – 6/1985 University of Wisconsin at Madison. Bachelors of Arts in Political Science. Minor in Speech and Language Pathology. Graduated with Academic Honors.

9/1985 – 6/1987 Harvard School of Public Health. Masters of Science in Health Policy and Management. Emphasis on health services research methods.

9/1988 – 6/1992 Brown University. Doctorate in Epidemiology. Emphasis on chronic diseases and health services research.

## ACADEMIC APPOINTMENTS

4/1992 – 5/1993 Senior Research Analyst, Institute for Health Policy Studies, University of California at San Francisco, San Francisco, CA.

5/1993 – 5/2001 Senior Research Associate, Center for Health Care Evaluation, Veterans Affairs Palo Alto Health Care System and Stanford University School of Medicine, Palo Alto, CA.

9/1994 – 7/2001 Consulting Assistant Professor, Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA.

9/1998 – 7/2001 Faculty Associate, Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University, Stanford, CA.

7/2001 – 6/2003 Senior Research Associate, Center for Practice Management and Outcomes Research, VA Ann Arbor Health Care System, Ann Arbor, MI.

7/2001– 6/2007	Associate Professor (with tenure), Department of Internal Medicine, University of Michigan School of Medicine, Ann Arbor, MI.
6/2003 – present	Research Career Scientist, Center for Practice Management and Outcomes Research, VA Ann Arbor Health Care System, Ann Arbor, MI.
11/2005-present	Visiting Professor, Schools of Medicine and Nursing, Pontificia Universidad Católica, Santiago, Chile.
7/2007-present	Full Professor (with tenure), Department of Internal Medicine, University of Michigan School of Medicine, Ann Arbor, MI.

## CONSULTING POSITIONS

10/2001–12/2003	Consultant, American Academy of Family Practice-funded study on the use of pharmacy claims- based medication adherence reports to assist physicians in identifying and intervening with non-adherent patients taking hypoglycemic agents.
2004 -	Mechanism of Physical Activity Behavior Change. NIH-funded randomized trial being conducted by investigators at Kaiser Permanente, Denver, CO.

## SCIENTIFIC ACTIVITIES

1/1998-12/1998	Member, Young Investigator Award Review Committee, Sierra Nevada VA Health Network.
5/2000	Ad Hoc Reviewer, U.S. Army Medical Research and Material Command (a research funding agency).
11/2000	Ad Hoc Reviewer, NIH Small Business Innovation Research/Technology Transfer Panel.
9/2000	Recognized by <i>Medical Care</i> as among the top 5% of outstanding reviewers.
5/1993–7/2001	Senior Research Associate, Program Evaluation Resource Center, VA Palo Alto Health Care System and Stanford University School of Medicine.
8/1996–7/2001	Member, Health Services Research Review Committee, VA Palo Alto Health Care System.
9/1998–7/2001	Faculty Associate, Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University.
6/2000–7/2001	Member, Research and Development Committee, VA Palo Alto Health Care System.
12/2001	Reviewer, 2002 Society for Behavioral Medicine Annual Meeting.
2/2001	Ad Hoc Reviewer, VA Cooperative Studies Program.
2/2002	Ad hoc Reviewer, NIH Health Services Research and Behavioral Medicine Study Section.
4/2002–9/2004	Member, American Diabetes Association Research Policy Committee.
5/2001– 8/2004	Member, Advisory Committee on Socioeconomic Status for the CDC-Funded study, “Translating Research into Action for Diabetes.”
1/2004-8/2005	Member, VA National Field Based Science Advisory Committee.

8/2005 Member, VA HSR&D Implementation Research Grant Review Panel.  
10/2005 Reviewer, VA HS&D Annual Meeting Abstracts.  
8/2001– Deputy Editor, *Medical Care*.  
12/2002– Co-Investigator, Behavioral, Clinical and Health Systems Intervention Research Core, Michigan Diabetes Research and Training Center.  
11/2003– Editorial Board member, *Journal of Chronic Illness*.  
12/2003– Editorial Board member, *Diabetes Care*.  
4/2004– Member, National Scientific Advisory Panel, VA Center of Excellence on Implementing Best Practices, Indianapolis, IN.  
6/2004– VA National Career Award Review Panel.  
5/2005– Chair, Behavioral Medicine and Psychology Council, American Diabetes Association.  
5/2005– Member, American Diabetes Association National Scientific Planning Committee.  
9/2005– Scientific Advisor, Fund for the Promotion of Scientific and Technological Development, Federal Government of Chile.  
6/2006– Director, VA/UM Research Program for Quality Improvement in Complex Chronic Conditions (QUICCC).  
Ongoing Reviewer, *American Journal of Managed Care*, *JAMA*, *Journal of Diabetes and Its Complications*, *Journal of General Internal Medicine*, *Journal of Health Care for the Poor and Underserved*, *Journal of Research on Aging*, *Medical Care*, *Patient Education and Counseling*, *Quality of Life Research*.

## GRANT SUPPORT

### Current Funding

Project Number: RCS 03-155 (Piette)  
Source: Health Services Research and Development Service, Department of Veterans Affairs  
Title of Project: **VA Research Career Scientist Award**  
Dates of Project: 1/1/04 – 12/31/08  
Annual Direct Costs: \$130,982  
Percent Effort: 100% VA effort, 80% total professional effort  
Major Goals: The VA Research Career Scientist Program provides salary support for Ph.D. VA investigators who have demonstrated excellence in VA-relevant health services research. This award covers 80% effort for performing research and research career development activities. Currently, the CDA is covering this activity on the following projects:  
Role: Principal Investigator  
Overlap: None

Project Number: PY2384 (Lorig)  
Source: National Institute for Nursing Research  
Title of Project: **A Spanish Diabetes Self-Management Program**  
Dates of Project: 6/1/02-5/31/07  
Annual Direct Cost: \$11,700  
Percent Effort: 13% VA effort, 10% total professional effort (effort covered VA Career

Development Award, see discussion above)

Major Goals: The purpose of this study is to evaluate a community-based self-management education program for Spanish-speaking adults with type 2 diabetes. Patients will be randomized to six weekly mutual support meetings using a previously developed format. After receiving the intervention, patients will be re-randomized to ongoing reinforcement via automated phone calls or a no-reinforcement control.

Role: Co-Investigator

Overlap: None

Project Number: 5 P60 DK20572 (Herman)

Source: National Institute of Diabetes Digestive and Kidney Disease

Title of Project: **Michigan Diabetes Research and Training Center**

Dates of Project: 12/1/02-11/30/07

Annual Direct Costs: \$22,385

Percent Effort: 71% UM effort, 1% VA effort, 15% total professional effort (effort covered VA Career Development Award, see discussion above)

Major Goals: The MDRTC is a university-wide network supporting collaborative research, training and consulting on diabetes-related research studies. The MDRTC includes three core groups (Behavioral, Clinical and Health Systems; Research Measurement and Methods; and Biostatistics). Dr. Piette will serve as the coordinator of activities within the Health Systems division of the BCHS core.

Role: Co-Investigator

Overlap: None

Project Number: RO1-DK066016-01 (Aikens)

Source: National Institute of Diabetes Digestive and Kidney Disease

Title of Project: **Racial Differences in Diabetes-Depression Comorbidity**

Dates of Project: 2/1/04-1/31/07

Annual Direct Costs: \$12,544

Percent Effort: 29% UM effort, 5% VA effort; 10% total professional effort (VA effort covered by VA Career Development Award, see discussion above)

Major Goals: The aims of this study are to (1) evaluate a model associating depression and diabetes outcomes among African-American and Caucasian patients; and (2) identify the depression-related behaviors and beliefs that can inform a culturally-sensitive intervention for diabetes patients who have comorbid major depression.

Role: Co-Investigator

Overlap: None

Project Number: 1 R18 DK066166-01A1

Source: National Institute of Diabetes Digestive and Kidney Disease

Title of Project: **Effective Care and Management of Depressed Diabetes Patients**

Dates of Project: 12/01/04 – 5/31/09

Annual Direct Costs: \$499,520

Percent Effort: 19% VA effort, 15% total professional effort (VA effort covered by VA Career Development Award, see discussion above)

Major Goals: The purpose of this randomized trial is to evaluate the effectiveness of an intervention aimed at improving the care of patients with diabetes and comorbid depression (DM/D). DM/D patients will be randomized to: (a) enhanced usual care consisting of a written discussion of their depression screening results, an optional report to their primary care provider about the results, recommendations to seek follow-up care for their depressive symptoms, and information about diabetes self-care, depression management, and physical activity. Or (b) a telephone care management intervention consisting of medication management and cognitive behavioral therapy, focused on depressive symptoms and physical activity enhancement.

Role: Principal Investigator

Overlap: None

Project Number:

Source: American Diabetes Association/VA

Title of Project: **Problems Due to Medication Costs Among People with Diabetes**

Dates of Project: 2/15/05 – 2/14/08

Annual Direct Cost: \$300,000

Percent Effort: 6% VA effort, 5% total professional effort (effort is covered by VA Career Development Award, see discussion above)

Aims: This study will identify a large, racially diverse sample of socioeconomically disadvantaged diabetes patients (N=800) from an impoverished urban area (Flint, Michigan). Participants will complete a detailed interview about their medication cost pressures, how they cope with those pressures, and the types of assistance they have received from health care providers to address medication cost problems. Participants' glycemic control (A1c), cholesterol levels, blood pressure, and use of acute care will be assessed in order to determine the extent to which medication cost problems are impacting patients' health status.

Role: Principal Investigator

Project Number:

Source: University of Michigan, Global REACH

Title of Project: **Developing & Evaluating Telephone Care Models for Diabetes Patients in Chile**

Dates of Project: 7/1/05-6/30/06

Annual Direct Costs: \$6,600

Percent Effort: 6% VA effort, 5% total professional effort (effort is covered by VA Career Development Award, see discussion above)

Aims: The purpose of this study is to support collaboration between Dr. Piette, the Chilean Ministry of Health, and research clinicians at Pontifica University in Santiago Chile. Dr. Piette is assisting the Chilean team in developing and evaluating a chronic illness care model that uses telephone care nurses to promote more effective disease management among patients with diabetes in the public health care system.

Role: Principal Investigator

Project Number: IIR 04-211  
Source: VA Health Services Research and Development Program (Valenstein)  
Title of Project: **Depression Treatments and Suicide**  
Dates of Project: 12/1/05 – 11/30/08  
Annual Direct Costs: \$271,300  
Percent Effort: 6% VA effort, 5% total professional effort (effort is covered by VA Career Development Award, see discussion above)  
Aims: Using data from the VA Depression Registry, we will evaluate differences in suicide rates and psychiatric hospitalizations among patients receiving alternative depression treatments, including: (a) different antidepressant drug classes; (b) different antidepressant augmentation strategies; (c) greater versus less continuity of care; and (d) medication management alone versus pharmacotherapy + psychotherapeutic counseling.  
Role: Co-Investigator

Project Number: IIR 04-239  
Source: Department of Veterans Affairs  
Title of Project: **Telephone Peer Support for Insulin Management Among VA Diabetes Patients**  
Dates of Project: 4/1/05 – 3/31/09  
Annual Direct Costs: \$209,976  
Percent Effort: 10% VA effort, 8% total professional effort (effort is covered by VA Career Development Award, see discussion above)  
Major Goals: This randomized trial will evaluate an intervention using an interactive voice response (IVR) exchange system to promote peer-to-peer communication among diabetes patients initiating or increasing insulin therapy under medical guidance. Specifically, the study will evaluate the effect of the IVR intervention on patients' glycemic control and patient centered treatment outcomes, and will identify the patient characteristics associated with participation and use of the IVR intervention.  
Role: Principal Investigator  
Overlap: None

Project Number:  
Source: NHLBI (Heisler)  
Title: **Mobilizing Peer Support for Effective Congestive Heart Failure Self-Management**  
Dates of Project: 07/01/06 – 06/30/10  
Annual Direct Costs: \$408,193  
Percent Effort: 75% UM effort, 15% total professional effort (concurrent)  
Major Goals: This randomized trial will evaluate a six-month intervention that consists of group visits with CHF nurse managers in conjunction with a low-cost interactive voice response (IVR) telephone exchange system that promotes peer-to-peer communication and facilitates communication with care managers. The intervention is based on research on the positive impact of group visits and peer support on chronic disease outcomes and self-care behaviors, our own studies showing the effectiveness of IVR-based self-management supports, and a successful pilot study. The Specific Aims

are: 1) To evaluate the effect of group visits + IVR-facilitated peer support on CHF patients' health-related quality of life, survival, and rates of hospital readmission; 2) To assess the impact of the intervention on patients' self-management behaviors, use of guideline-concordant medications, perceived social support, depressive symptoms, and satisfaction with care; 3) To identify the mediating factors influencing the intervention's effectiveness; and 4) To determine the incremental cost-effectiveness of the intervention.

Role: Co-Investigator  
Overlap: None

Project Number: RO1-MH078698-01  
Source: National Institute of Mental Health (Valenstein)  
Title of Project: **Antidepressants, Concurrent Treatments and Completed Suicide in VA Registry Data**  
Dates of Project: 8/1/06 – 7/31/09  
Annual Direct Costs: \$1,156,964  
Percent Effort: 5% concurrent  
Major Goals: Using data from the VA Depression Registry, we will evaluate differences in suicide rates and psychiatric hospitalizations among patients receiving alternative depression treatments, including: (a) different antidepressant drug classes; (b) different antidepressant augmentation strategies; (c) greater versus less continuity of care; and (d) medication management alone versus pharmacotherapy + psychotherapeutic counseling.  
Role: Co-Investigator

Project Number:  
Source: Blue Cross and Blue Shield of Michigan Foundation  
Title of Project: **Enhancing Caregiver Support for CHF Patients**  
Dates of Project: 9/1/06-8/31/08  
Annual Direct Costs: \$148,562  
Percent Effort: 10% (all VA)  
Major Goals: The goal of this project is to develop and evaluate the feasibility of a novel service that promotes more effective heart failure care management by enhancing communication and effective self-management support among patients with chronic heart failure, their informal caregivers, and formal health care providers.  
Role: PI

**Project Number:**  
Source: University of Michigan Geriatrics Center  
Title of Project: **Enhancing Caregiver Support for Chronically Ill Older Adults**  
Dates of Project: 09/01/06 -08/31/08  
Annual Direct Costs: \$37,507  
Percent Effort: 10%  
Major Goals: The specific aims of this study are: 1) to develop the software and communication content required for an automated phone and web-based system that supports effective communication between informal caregivers and chronically-ill older adults; 2) to evaluate the usability of the intervention

and system satisfaction among older adults with CHF or dementia and their caregivers; and 3) to produce an NIH application for a randomized trial evaluating the system's impact on patient-caregiver interactions, self-management, patient-centered outcomes, and caregiver outcomes.

Role: Principal Investigator

Overlap: None

### **Pending Funding**

Project Number: PA-02-153

Source: NIH (Kerr)

Title of Project: **Improving Adherence and Intensification of Medications among Diabetes Patients**

Dates of Project: 12/01/06 – 11/30/09

Annual Direct Costs: \$495,517

Percent Effort: 5%

Major Goals: The specific aims of this multi-site, cluster randomized, controlled trial are: 1)To evaluate the effects of the intervention on blood pressure, glycemic, and lipid control; 2)To assess the impact of the intervention on patients' adherence to blood pressure, anti-hyperglycemic, and lipid-lowering regimens, intensity of these regimens, and satisfaction with health care; 3)To evaluate the cost-effectiveness of the intervention compared to usual care; and 4)To evaluate the process of intervention implementation in VA and Kaiser sites in order to identify similarities and differences across sites that may relate to intervention generalizability.

Role: Co-Investigator

Overlap: None

### **Past Funding**

Institution: Geriatrics Center Pilot, Funded ½ by Hartford Foundation and ½ by Claude Pepper Foundation

Title: **Using Electronic Pharmacy Fill and Refill Data to Understand and Promote Appropriate Medication Use among Elderly Diabetes Patients**

Total Period: 8/1/05-7/31/06

Total Award: \$40,801

Role: Co-Investigator

FTE: 3% VA effort, 2.5% total professional effort

Aims: The major goal of this project is to develop the evidence base to inform an intervention to improve medications adherence and intensification among elderly diabetes patients. We will develop and validate electronic medical record and pharmacy-based algorithms providing information on elderly patients' refill adherence and clinician intensification of antihypertensive medications. We will also conduct analyses on factors that influence diabetes self-management and medications adherence to identify mediators and moderators for the intervention.

Institution: Agency for Health Care Policy and Research  
Title: **Validation of the Turner Severity of Illness Classification System for HIV Disease**  
Total Period: 5/01/91 – 4/30/92  
Budget: \$21,200  
Role: Principal Investigator  
FTE: 75% throughout  
Aims: The goal of this dissertation grant was to assess the validity and reliability of an HIV severity classification system. Medical record and patient interview data collected as part of the Robert Wood Johnson AIDS health services program were used to evaluate an algorithm for measuring patients' mortality risk and expected intensity of health service utilization.

Institution: Health Services Research and Development Service, Department of Veterans Affairs  
Title: **Predicting Inpatient Service Use Among Patients with Substance Abuse Disorders**  
Total Period: 10/01/95 – 4/30/97  
Budget: \$178,000  
Role: Principal Investigator  
FTE: 20%  
Aims: The purpose of this study was to develop statistical models predicting inpatient service use by VA patients with substance abuse disorders. The study focused on the use of large databases as an information tool for program management and policy-making, and on the development of parametric survival analysis techniques as alternatives to the commonly-use proportional hazards model.

Institution: American Diabetes Association  
Title: **Automated Calls to Improve the Care of English- & Spanish-Speaking Diabetics**  
Total Period: 8/01/96 – 7/31/99  
Budget: \$209,600  
Role: Principal Investigator  
FTE: 20%  
Aims: The purpose of this randomized trial was to examine the feasibility and efficacy of automated telephone calls with nurse follow-up as a strategy for improving the care of patients with non-insulin-dependent diabetes mellitus treated in public hospital clinics. The study focused on the impact of this service on outcomes for patients with poorly organized primary care and those who primarily speak Spanish.

Institution: Health Services Research and Development Service, Department of Veterans Affairs  
Title: **Automated Calls with Nurse Follow-up to Improve Diabetes Ambulatory Care**  
Total Period: 1/01/97 – 12/31/99  
Budget: \$427,100  
Role: Principal Investigator  
FTE: 40% in Years 1 and 2, 20% in Year 3  
Aims: The purpose of this randomized trial was to evaluate the efficacy of automated telephone calls with nurse follow-up as a strategy for improving the care of patients with non-insulin-dependent diabetes mellitus.

Institution: Quality Enhancement Research Initiative, Department of Veterans Affairs  
Title: **Automated Telephone Assessment and Patient Education to Improve the Quality of Diabetes Care**  
Total Period: 5/01/99 – 4/30/03  
Budget: \$749,300  
Role: Principal Investigator  
FTE: 40% in Years 1 to 3, 20% in Year 4  
Aims: The purpose of this study was to develop a patient-centered diabetes assessment system, evaluate its potential utility as a tool for the practice of population-based medicine, and evaluate the impact of automated assessments with physician feedback in a randomized trial. This is a multi-site study designed to build on our prior efficacy studies by determining the effectiveness of an enhanced version of the intervention in “real-world” settings.

Institution: Health Services Research and Development Service, Department of Veterans Affairs  
Title: **Benchmarking VA Diabetes Care by Participating in the CDC-Sponsored TRIAD Study**  
Total Period: 1/01/01 – 12/31/03  
Total Award: \$696,500  
Role: Co-Investigator  
FTE: 20%  
Aims: The purpose of this study was to (1) examine and compare key processes and outcomes of diabetes care at VA facilities located in the same geographic areas as each of six non-VA managed care organizations participating in the CDC-sponsored TRIAD study (Taking Research Into Action for Diabetes); and (2) use a VA-wide survey of diabetes program characteristics to identify variations in the structure and organization of care associated with process and outcome quality measures.

Institution: Health Services Research and Development Service, Department of Veterans Affairs  
Title: **Can Interactive Voice Response Improve Patient-Centered Outcomes for Veterans?**  
Total Period: 5/1/00 – 4/30/04  
Total Award: \$700,590  
Role: Co-Investigator  
FTE: 5%  
Aims: The purpose of this randomized trial was to determine whether using IVR to elicit diabetes and arthritis patients’ pre-visit expectations can improve the process and outcomes of their care. The primary endpoints are health-related quality of life and satisfaction with care; process measures include visit-specific communication, unmet expectations, and physician satisfaction; and secondary outcomes include quality of care and resource utilization.

Institution: Agency for Healthcare Research and Quality  
Title: **Automated Assessments and the Quality of Diabetes Care**  
Total Period: 10/1/99 – 9/29/05  
Total Award: \$1,107,745  
Role: Principal Investigator  
FTE: 5%

Aims: The purpose of this study was to evaluate the measurement properties of automated assessments in support of primary care for patients with diabetes treated in a county health care system and a private managed care system.

## **HONORS AND AWARDS**

12/83 Hirschorn Foundation Award for Excellence in the Field of Speech Therapy (\$250).  
4/92 Sigma Xi Outstanding Research Award. Presented by the Brown University Chapter.  
9/97 Department of Veterans Affairs (VISN 21) Young Investigator Award (\$25,000).  
2/98 Abstract of the Year Award. Presented at the 16<sup>th</sup> Annual Department of Veterans Affairs Health Services Research and Development Meeting.  
3/98 Society for Behavioral Medicine Diabetes Research Award (\$1,000). Presented at the 19<sup>th</sup> Annual Meeting of the Society for Behavioral Medicine.  
4/01 Department of Veterans Affairs Under Secretary for Health's Innovations Award (\$7,000).  
7/03 Department of Veterans Affairs Research Career Scientist Award (full VA salary support for 5 years).

## **MEMBERSHIP AND OFFICES IN PROFESSIONAL SOCIETIES**

2002 - 2004 American Diabetes Association, Research Policy Committee Member  
2001 – Society for General Internal Medicine  
2000 - American Diabetes Association  
5/2005 Member, Scientific Planning Committee, American Diabetes Association  
5/2005- Chair, Behavioral Medicine and Psychology Council, American Diabetes Association.

## **TEACHING ACTIVITIES**

1988 – 1992 Lecturer, Introduction to Epidemiology, Social and Health Services Program, Roger Williams University, Bristol, RI. (Responsible for semester-long course required for all Social and Health Services Administration degree candidates.)  
1995 Lecture, Use of information technology to improve diabetes care. Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA, September 11, 1995.  
1995 Lecture, Automated monitoring of patients' health status: Statistical issues in optimizing its clinical utility. Department of Statistics, Stanford University, Stanford, CA, November 9, 1995.  
1994 – 1996 Co-Director, VA/Stanford University Health Services Research Writing Seminar, Stanford, CA. (Attended by RWJF Clinical Scholars and doctoral-level research trainees in other university and VA fellowships.)  
1997 Lecture, Strategies for improving diabetes care for English- and Spanish-speaking patients in a county hospital. Primary Care Research Center, San Francisco General Hospital, San Francisco, CA, December 2, 1998.

- 1998 – 1999 Preceptor, Independent Study, Danielle Zipkin, B.S., 4<sup>th</sup>-Year Medical Student, University of California, San Francisco, CA. (Focused on evaluation of technology-assisted home monitoring for heart failure patients.)
- 1998 – 1999 Preceptor, Independent Study, Michelle Serlin, B.S., 4<sup>th</sup>-Year Medical Student, University of California, San Francisco, CA. (Focused on evaluation of technology-assisted home monitoring for heart failure patients.)
- 1996 Seminar Leader, Building chronic disease management interventions around multiple information technologies. Oregon Research Institute, Eugene, OR, April 12 – 13, 1999.
- 1999 Lecture, Improving the quality of diabetes care through systematic patient assessment between outpatient visits. Center for Primary Care and Outcomes Research, Stanford University, Stanford, CA. October 13, 1999.
- 1997 Supervisor, John McKeller, M.S., VA Psychology Department Intern, Health Services Research Rotation, Palo Alto, CA. (Focused on research into the role of psychiatric symptoms in diabetes management.)
- 2000 Preceptor, Lori Ybarra, Ph.D., VA/Stanford Postdoctoral Fellowship in Health Services Research, Palo Alto, CA. (Focused on the relationship between objective and subjective measures of health status, and evaluation of diabetes home monitoring technologies.)
- 1999 – 2001 Preceptor, Jeanne Kemppainen, R.N., Ph.D., VA Postdoctoral Nursing Research Trainee.
- 1995 – 2001 Core-Preceptor and Selection Committee Member, VA Postdoctoral Fellowship in Medical Informatics, Palo Alto, CA. (Mentoring and training for a variety of physician trainees.)
- 1995 – 2001 Core-Preceptor and Selection Committee Member, VA/Stanford Predoctoral and Postdoctoral Fellowships in Health Services Research, Palo Alto, CA. (Mentoring and training for a variety of predoctoral and Ph.D. trainees.)
- 1996 – 2001 Faculty, Agency for Healthcare Research and Quality Predoctoral and Postdoctoral Fellowships in Health Care Research and Health Policy, Stanford University, Stanford, CA. (Mentoring and training for a variety of predoctoral and physician trainees.)
- 2000 – 2001 Preceptor, Laura Mancuso, M.A., Predoctoral Visiting Scholar from the Italian Multiple Sclerosis Society, Genoa, Italy, Patient Education Research Center, Stanford University, Stanford, CA. (Focus on research into self-efficacy and health distress as predictors of health outcomes, and the analysis of longitudinal data.)
- 1998 – 2001 Alumnae Mentor, Connie A. Mah, B.A., doctoral candidate, Department of Health Policy and Management, Harvard School of Public Health, Boston, MA.
- 2000 – 2005 Mentor, Dean Schillinger, M.D., NIH Mentored Clinical Scientist Development (K08)

Awardee. (Focus primarily on research into the role of health literacy as a determinant of health behavior and health outcomes.)

- 2002 –2004 Dissertation Committee Member, Kelly Deal, M.P.H., Research Scientist, Durham VAMC and doctoral program in Health Policy and Management, University of North Carolina Chapel Hill School of Public Health.
- 2003-2004 Mentor, Helene Kales, M.D., Assistant Professor, Department of Psychiatry, University of Michigan, VA Career Development Awardee, and NIMH K-Grant Awardee.
- 2004-2006 Doctoral Dissertation Committee Member, Connie Mah, Department of Health Management and Policy, Harvard School of Public Health.
- 2002 – Primary Mentor, Caroline Richardson, M.D., Assistant Professor, Department of Family Medicine, University of Michigan and NHLBI K grant awardee, and Robert Wood Johnson Physician Scholar.
- 2002 – Faculty Mentor, Michele Heisler, M.D., Assistant Professor, Department of Internal Medicine, University of Michigan and VA Career Development Awardee.
- 2002 – Leader, Skills and Habits for Lifelong Learning, Department of Internal Medicine, University of Michigan. This is a four week series of seminars in evidence-based medicine taken by all 1<sup>st</sup> Year Internal Medicine residents during their Ambulatory Care rotation.
- 2002 – Leader, Evidence-Based Medicine Elective, Department of Medical Education, University of Michigan. This is a four-week intensive course in evidence-based medicine offered to 4<sup>th</sup>-year medical students.
- 2004- Faculty Mentor, Allison Rosen, M.D., Sc.D., Assistant Professor of Internal Medicine, University of Michigan and VA Career Development applicant.
- 2005- Mentor, G. Caleb Alexander, M.D., Assistant Professor of Medicine, University of Chicago, AHRQ K grant Awardee, and RWJF Clinical Scholar.

## **EXTRAMURAL INVITED PRESENTATIONS**

Promises and pitfalls of disease management. The 1998 Meeting of the Northern California Region of the American College of Physicians/Society for General Internal Medicine, San Francisco, CA, October 17, 1998.

Telephone-based interventions in diabetes. The 13<sup>th</sup> Invitational Conference on Behavioral Research in Diabetes, Acapulco, Mexico, February 13, 1999.

Use of automated telephone assessments to inform clinical decision-making and monitor treatment from the patient perspective. Department of Internal Medicine, UCLA School of Medicine, Los Angeles, CA, August 27, 1999.

Advances in behavioral medicine: Applications of computer technologies. The 59<sup>th</sup> Scientific Sessions of the American Diabetes Association, San Diego, CA, June 19 – 22, 1999.

Interactive computers to motivate behavior change: New data and lessons learned. The 60<sup>th</sup> Scientific Sessions of the American Diabetes Association, San Antonio, TX, June 9 – 13, 2000.

Do automated assessments with telephone nurse follow-up improve diabetes treatment outcomes? Center for Health Services Research in Primary Care, University of California at Davis, Davis, CA, February 24, 2000.

Population-based diabetes care. Department of Internal Medicine, University of California at San Diego, San Diego, CA, May 25, 2000.

Computers in diabetes education. The 17<sup>th</sup> International Diabetes Federation Congress, Mexico City, Mexico, November 5 – 10, 2000.

Implementing new health information technologies in VA. VA National Diabetes Symposium, Alexandria, VA, March 27 – 29, 2001.

How can managed care organizations best utilize telemedicine? Group Health Cooperative, Seattle, WA, February 27, 2001.

Integration of self-management and practice. RWJF/AHRQ Congress on Improving Chronic Care: Innovations in Research and Practice, Seattle, WA, September 8 – 10, 2002.

Health technology and chronic illness care. Meeting of the National Academy for State Health Policy, Philadelphia, PA, December 11, 2002.

Integrating automated telephone monitoring into chronic illness care within the Kaiser Permanente System, Denver Colorado, August 11, 2003.

Improving diabetes care through interactive health technology. International Diabetes Federation Annual Meeting, Paris, France, August 21-26, 2003.

Ghosts and goblins in randomized trials. Brown University Department of Community Health, Providence, RI, October 16, 2003.

Cost-related medication under use among chronically ill adults: results of an internet-based survey. Institute for Social Research, Ann Arbor, MI, November 13, 2003.

Informatics strategies to support healthcare quality improvement. VA National QUERI Meeting, Washington DC, December 11-12, 2003.

Interventions to assist diabetes patients with health literacy problems. American Diabetes Association National Meeting. Orlando, FL, June 4, 2004.

Medication adherence problems due to cost pressures: a research agenda. Center for Health Care

Research, University of Brighton, UK. August 4, 2004.

Health literacy and diabetes: and now for the good news. Meeting of the American Association of Diabetes Educators (Plenary Presentation). Indianapolis, IN, August 14, 2004.

Developing a telephone care program for diabetes patients in Chile. Universidad Catolica, Santiago, Chile. May 14, 2005.

Automated telephone support for chronic illness care: a critical review of the evidence: The University of Ottawa and Ottawa Health Research Institute, Ottawa, Canada. September 30, 2005.

A framework for understanding telephone care interventions. Department of Ambulatory Care and Prevention, Harvard Medical School, December 5, 2005.

Innovation in chronic illness care for older adults: principals that can promote progress worldwide. Workshop on the Social Determinants of Adult Health and Mortality, National Academy of Science, May 22, 2007.

Estrategias que facilitan el autocuidado de enfermedades crónicas: telecuidado, cuidadores informales y apoyo de pares en Chile y a través de América Latina. [Strategies that facilitate self-care of chronic disease: telecare, informal caregivers and peer support in Chile and across Latin America]. 1<sup>st</sup> National Public Health Conference of Chile, July 14, 2007.

Enfrentando los desafíos para la implementación en el mundo real. [Addressing the challenges to implementation in the real world.] 1<sup>st</sup> National Public Health Conference of Chile, July 16, 2007.

Out-of-pocket costs and chronic illness self-care: helping patients cope. National Healthcare Group, Singapore Aug 3, 2007.

Diabetes and depression. National Healthcare Group, August 5, 2007.

## **OTHER PRESENTATIONS**

Mah CA, Piette JD, Kraemer FB, McPhee SJ. The feasibility of automated voice messaging as an adjunct to diabetes outpatient care. Department of Veterans Affairs 14<sup>th</sup> Annual HSR&D Service Meeting, Washington, DC, February 29, 1996.

Piette JD, Olshen RA, Mah CA. Clinical application of automated voice messaging: Statistical strategies for developing effective protocols. American Medical Informatics Association Spring Congress, Kansas City, MO, June 5 – 8, 1996.

Piette JD, Mah CA. Moving chronic disease management from clinic to community: Development of a prototype based on automated voice messaging (AVM). American Medical Informatics Association Spring Congress, San Jose, CA, May 28 – 30, 1997.

Piette JD, Mah CA, Alvarez E, Amboy D, Gangitano C, Turner D. Will VA diabetic patients respond

to automated telephone disease management (ATDM) calls? Department of Veterans Affairs 16<sup>th</sup> Annual HSR&D Service Meeting, Washington, DC, February 20, 1998.

Piette JD, Mah CA, Gangitano CA. Will diabetics use automated telephone disease management? Society of Behavioral Medicine 19<sup>th</sup> Annual Scientific Sessions, New Orleans, LA, March 25 – March 28, 1998.

Piette JD, Mah CA, Crapo L, McPhee SJ. Reports by diabetic patients using automated telephone disease management calls: Concordance with data from medical records, laboratory tests, and interviews. The 58<sup>th</sup> Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998. Also presented at the Agency for Health Care Policy and Research/American Association of Health Plans 1998 Building Bridges Research Conference, Oakland, CA, May 7 – May 9, 1998.

Piette JD. Automated voice messaging as an adjunct to outpatient diabetes care. The 58<sup>th</sup> Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998.

Mah CA, Piette JD, Gangitano C, Turner D. Do diabetic patients report health problems accurately during automated telephone calls? The 58<sup>th</sup> Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998.

Piette JD, McPhee SJ. Preventive services, health status, and satisfaction with care among diabetic patients treated in two publicly-funded health care systems. The 15<sup>th</sup> Annual Meeting of the Association for Health Services Research, Washington, DC, June 21 – June 23, 1998. Also presented at the 58<sup>th</sup> Scientific Sessions of the American Diabetes Association, Chicago, IL, June 13 – 16, 1998.

Piette JD, Mah CA, McPhee SJ. Reports by diabetic patients using automated disease management calls: Concordance with clinical data, patient surveys, and nurse follow-up calls. The 15<sup>th</sup> Annual Meeting of the Association for Health Services Research, Washington, DC, June 21 – June 23, 1998.

Piette JD. Access to care among adults with diabetes in VA and county clinics. The 17<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 24 – February 26, 1999.

Piette JD, Weinberger M, McPhee SJ, Crapo LM, Kraemer FB, Mah CA, Alvarez EO, Amboy DJ, Gangitano C. Automated calls with nurse follow-up improve diabetes self-care and glycemic control. The 59<sup>th</sup> Scientific Sessions of the American Diabetes Association, San Diego, CA, June 19 – 22, 1999.

Piette JD, Weinberger M, McPhee SJ, Crapo LM, Kraemer FB, Mah CA, Alvarez EO, Amboy DJ, Gangitano C. The impact of automated calls with nurse follow-up on patient-centered outcomes of diabetes care. The 59<sup>th</sup> Scientific Sessions of the American Diabetes Association, San Diego, CA, June 19 – 22, 1999.

Piette JD. The impact of automated calls with nurse follow-up on patient-centered outcomes of diabetes care. The 16<sup>th</sup> Annual Meeting of the Association for Health Services Research,

Chicago, IL, June 28, 1999.

Piette JD. The clinical impact of automated calls with nurse follow-up among vulnerable patients with diabetes. The 16<sup>th</sup> Annual Meeting of the Association for Health Services Research, Chicago, IL, June 29, 1999.

Nanevicz TM, Piette JD, Zipkin DA, Serlin MC, Ennis SC. Feasibility of a home telemonitoring system for prevention of congestive heart failure exacerbation. The 3<sup>rd</sup> Annual Scientific Meeting of the Heart Failure Society of America, San Francisco, CA, September 22 – 25, 1999.

Piette JD, Weinberger M, McPhee SJ. Do automated calls with nurse follow-up improve outcomes among VA patients with diabetes? A randomized controlled trial. The 18<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, March 22 – March 24, 2000.

Piette JD. What are the health consequences of access problems experienced by diabetics? The 19<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 14 – February 16, 2001.

Mancuso L, Piette JD, Lorig KR. The long term influence of self-efficacy and health distress on chronically ill patients treatment outcomes. The 22<sup>nd</sup> Annual Meeting of the Society for Behavioral Medicine, Seattle, WA, March 22 – 24, 2001.

Schillinger D, Piette JD, Daher C, Liu H, Bindman AB. Should we be screening for functional health literacy problems among patients with diabetes? Meeting of the Society for General Internal Medicine, San Diego, CA, May 2001.

Schillinger D, Piette JD, Leong-Grotz K, Wilson C, Grumbach K. Missed opportunities in physician-patient communication with type 2 diabetes patients who have health literacy problems. Meeting of the Society for General Internal Medicine, San Diego, CA, May 2001.

Goldberg LR, Piette JD, Walsh TA, Frank TA, Jaski B, Smith AL, et al. Impact of the AlereNet monitoring system on outcomes among patients with decompensated heart failure. Meeting of the Society for General Internal Medicine, Atlanta, CA, May 2 – 4, 2002. Abstract published in the *Journal of General Internal Medicine* 2002;17(suppl 1):194.

Goldberg LR, Piette JD, Walsh MN, Frank TA, Jaski BE, Smith AL, Rodriguez R, Mancini DM, Hopton LA, Orav EJ, Loh E. A daily electronic home monitoring system in patients with advanced heart failure improves survival: The WHARF (Weight Monitoring in Heart Failure) Trial. *Journal of Cardiac Failure* 2002;8(4):S54. The 6<sup>th</sup> Annual Scientific Meeting of the Heart Failure Society of America, Boca Raton, FL, September 24, 2002.

Schillinger D, Grumbach K, Piette JD, Wang F, Osmond D, Daher C, Palacios J, et al. Association of functional health literacy with glycemic control among diabetes patients. Meeting of the Society for General Internal Medicine, Atlanta, GA, May 2 – 4, 2002. Abstract published in the *Journal of General Internal Medicine* 2002;17(suppl 1):167.

Piette JD, Wagner TH, Schillinger D, Potter M, Jain S, Krahn D. Medication self-restriction due to cost

among diabetes patients in VA and non-VA systems of care. The Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 12-February 14, 2003.

Bingham CR, Piette JD. The effects of depression on patient-provider communication, illness self-care and lifestyle behaviors among diabetes patients. The Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 12-February 14, 2003.

McCarthy J, Blow F, Fortney J, Piette JD. Clinic visit stacking as a response to distance barriers among VA patients with psychoses. The Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 12-February 14, 2003.

Heisler M, Langa K, Fendrick AM, Piette JD. The health effects of restricting prescription medication use due to cost. Meeting of the Society for General Internal Medicine, Vancouver, BC, April 30-May 3, 2003.

Piette JD, Wagner T, Potter M, Schillinger D. Health insurance status, medication self-restriction due to cost, and outcomes among diabetes patients in three systems of care (Plenary Presentation). Meeting of the Society for General Internal Medicine, Vancouver, BC, April 30-May 3, 2003.

Piette JD, Potter M, Schillinger D, Heisler M. Dimensions of patient-provider communication and diabetes self-care in an ethnically-diverse population. Meeting of the Society for General Internal Medicine, Vancouver, BC, April 30-May 3, 2003.

Schillinger D, Bindman AB, Stewart A, Wang F, Piette JD. Functional health literacy and the quality of physician-patient communication. Meeting of the Society for General Internal Medicine, Vancouver, BC, April 30-May 3, 2003.

McCarthy JF, Piette JD, Fortney J, Blow FC. Clinic visit stacking as a response to distance barriers among VA patients with psychoses. Fourteenth Annual Albert J. Silverman Conference. Ann Arbor, MI. May 2003.

Krein SL, Heisler M, Piette JD, Makki F, Kerr EA. Chronic pain and self-management among veterans with diabetes. The Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, March 9-March 11, 2004.

Kim C, Eby E, Piette J. Does the association between socioeconomic status and cause-specific mortality vary by race? An examination of cardiovascular disease and breast cancer mortality among African-American and white women. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):146.

Heisler M, Piette J, Kieffer EC, Spencer MS, Vijan S. Knowledge of most recent hemoglobin A1c values among adults with diabetes: prevalence and correlates. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):172.

Kerr EA, Gerzoff R, Krein Sl, Selby JV, Piette JD, et al. A comparison of diabetes care quality in VA

and commercial managed care: The TRIAD Study. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):109.

Piette JD, Heisler M, Wagner TH. Cost-related medication under-use: an analysis of tough choices by chronically-ill adults. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):133.

Piette JD, Bibbins-Domingo K, Schillinger D. Self-reported health care discrimination, interpersonal processes of care, and health status among patients with diabetes. Meeting of the Society for General Internal Medicine, Chicago, IL, May 12-15, 2004. *Journal of General Internal Medicine* 2004;19(suppl 1):210.

Heisler M, Piette JD, "I Help You, and You Help Me": the feasibility and acceptability of technology-facilitated telephone peer support among diabetes patients. National VA HSR&D Meeting, Baltimore, MD, February 2005. Also presented at the 2005 Meeting of the Society for General Internal Medicine, New Orleans, LA.

Piette JD. Strategies for assisting patients with medication cost problems. Meeting of the Society for General Internal Medicine, New Orleans, LA, May 2005.

Wagner TH, Heisler M, Piette JD. Tiered co-payments and cost-related medication underuse. Meeting of the American Society of Health Economists, June 2006.

Piette JD, Stroupe K, Maciejewski M, Rosen A. The impact of prescription drug co-payments on the care and outcomes of chronically-ill veterans (workshop). The 24<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 15 – February 17, 2006.

Heisler M, Zemencuk J, Krein S, Hayward R, Piette JD, Kerr E. Racial disparities in diabetes care processes, outcomes and treatment intensity. The 24<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 15 – February 17, 2006.

Piette JD, Heisler M, Ganoczy D, McCarthy J, Valenstein M. Differential medication adherence among veterans with multiple chronic illnesses. The 24<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 15 – February 17, 2006.

McCarthy J, Piette JD, Valenstein M, Craig T, Blow F. No-shows among patients with serious mental illness: transportation matters. The 24<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 15 – February 17, 2006.

Krein S, Heisler M, Piette J, Butchart A, Kerr E. Does self-efficacy mediate the influence of chronic pain on patients' self-care adherence? The 24<sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 15 – February 17, 2006.

Richardson C, Janney A, Fortlage L, Piette JD. The effect of goal-setting strategies on bout-step count in type 2 diabetes. Society for Behavioral Medicine Annual Meeting, Washington, DC, March 21, 2007.

## COMMITTEE AND ADMINISTRATIVE SERVICES

1997	Planning Committee Chair, The 15 <sup>th</sup> Annual VA Health Services Research and Development (HSR&D) Meeting, Washington, DC, February 13 – February 15, 1997.
1995 – 2001	Hiring Committee Member for Senior Research Associates, Center for Health Care Evaluation & Program Evaluation Resource Center, VA Palo Alto Health Care System and Stanford University School of Medicine.
1996 – 2001	Member, Health Services Research Review Committee, VA Palo Alto Health Care System.
2000 – 2001	Member, Research and Development Committee, VA Palo Alto Health Care System.
2001	Invited Participant, California Health Literacy Initiative Task Force, Burlingame, CA, November 12-13, 2001.
2002 – 2003	Member, Michigan Diabetes Research and Training Center Small Grants Review Panel
2002 – 2004	Member, American Diabetes Association Research Policy Committee.
1/2004-8/2005	Member, VA National Field Based Science Advisory Committee
9/2001 – 2003 -	Deputy Editor, <i>Medical Care</i> . VA Center for Practice Management and Outcomes Research, Hiring and Promotions Committee.
11/2003-1/2004 -	Editorial Board member, <i>Journal of Chronic Illness</i> .
4/2004-	Editorial Board member, <i>Diabetes Care</i> .
6/2004-	Member, National Scientific Advisory Panel, VA Center of Excellence on Implementing Best Practices, Indianapolis, IN.
9/2004-	VA National Career Award Review Panel.
5/2005-	Director, VA/UM Program for Quality Improvement in Complex Chronic Conditions (QUICCC).
5/2005-	Chair, Behavioral Medicine and Psychology Council, American Diabetes Association.
6/2005-	Member, National Scientific Advisory Panel, American Diabetes Association.
6/2005-	Member, Division of General Medicine Research Council
6/2005-	Member, Department of Geriatrics Faculty Search Committee.

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### *Peer-Reviewed Publications*

1. Mor V, Piette J, Fleishman JA. Challenges to implementation: Community-based care for persons with AIDS. *Health Affairs* Winter 1989;139-153.
2. Fleishman JA, Piette J, Mor V. Organizational response to AIDS. *Evaluation and Program Planning* 1990;13:31-38.
3. Piette J, Fleishman JA, Dill A, Mor V. A comparison of hospital and community case management programs for persons with AIDS. *Medical Care* 1990;28:746-755.
4. Stein M, Piette J, Mor V, Wachtel TJ, Fleishman J, Mayer KH, Carpenter C. Differences in access to azidothymidine (AZT) among symptomatic HIV-infected persons. *Journal of General Internal Medicine* 1991;6:35-40.

5. Piette J, Mor V, Fleishman JA. Patterns of survival with AIDS in the United States. *Health Services Research* 1991;26:75-95.
6. Piette J, Stein M, Mor V, Fleishman JA, Mayer K, Wachtel T, Carpenter C. Patterns of secondary prophylaxis with aerosol pentamidine among persons with AIDS (letter). *Journal of Acquired Immune Deficiency Syndromes* 1991;4:826-828.
7. Capilouto EI, Piette J, White BA. Perceived need for dental care among persons living with acquired immunodeficiency syndrome. *Medical Care* 1991; 29:745-754.
8. Fleishman JA, Mor V, Piette J. AIDS case management: The client's perspective. *Health Services Research* 1991;26:447-478.
9. Mor V, Fleishman JA, Dresser M, Piette J. Variation in health service use among HIV infected patients. *Medical Care* 1992;30:17-29.
10. Piette J, Fleishman JA, Mor V, Thompson B. The structure and process of AIDS case management. *Health and Social Work* 1992;17:47-56.
11. Wachtel TJ, Piette JD, Stein MD, Mor V, Fleishman JA, Carpenter C. Quality of life in persons with AIDS as measured by the medical outcomes study's instrument. *Annals of Internal Medicine* 1992;116:129-137.
12. Piette JD, Intrator O, Zierler S, Mor V. An exploratory analysis of survival with AIDS using a non-parametric tree-structured approach. *Epidemiology* 1992;3:310-31.
13. Belkin GS, Fleishman JA, Stein MD, Piette JD, Mor V. Physical symptoms and depressive symptoms among people with HIV infection. *Psychosomatics* 1992;33:416-427.
14. Fleishman JA, Mor V, Cwi J, Piette JD. Sampling and accessing people with AIDS: A study of program clients in nine locations. *Evaluation and the Health Professions* December 1992;385-404.
15. Fleishman JA, Mor V, Piette JD, Masterson-Allen S. Organizing AIDS service consortia: Lead agency identity and consortium cohesion. *Social Service Review* 1992;66:547-570.
16. Piette J, Fleishman JA, Stein M, Mor V. Perceived needs and unmet needs for formal services among people with HIV disease. *Journal of Community Health* 1993;18:11-23.
17. Mor V, Fleishman JA, Piette JD, Allen S. Effectiveness of AIDS community service consortia. *Health Affairs* Spring 1993;186-215.
18. Piette JD, Mor V, Mayer K, Zierler S, Wachtel T. Variation in health service use among people with HIV disease: The effect of immune status and race on inpatient and outpatient rates. *American Journal of Public Health* 1994;83:504-509.
19. Cook TE, Hansell DA, Piette JD, Treichler PA, Murray TH, Fee E. Playing it safe (review symposium). *Journal of Health Politics, Policy, and Law* 1994;19(2):449-462.
20. Piette J, Wachtel T, Mor V. The impact of age on the quality of life in persons with HIV infection. *Journal of Aging and Health* 1995;7(2):163-178.
21. Masterson-Allen S, Mor V, Fleishman JA, Piette JD. The organizational transformation of advocacy: Growth and development of AIDS community-based organizations. *AIDS and Public Policy Journal* 1995;10(1):48-59.
22. Piette JD. Preventive care for patients with coronary heart disease: A review of changing technology. *Prevention and Intervention in the Community* 1996;13(2):91-110.
23. Piette JD, Moos RH. The influence of distance on ambulatory care use, death, and readmission following a myocardial infarction. *Health Services Research* 1996;31(5):573-591.
24. Piette JD, Mah CA. The feasibility of automated voice messaging as an adjunct to outpatient diabetes care. *Diabetes Care* 1997;20(1):15-21.
25. Humphreys K, Baisden K, Piette JD, Moos RH. Treatment for VA inpatients with diagnoses of substance abuse. *Psychiatric Services* 1997;48(2):171.
26. Mouton C, Teno JM, Mor V, Piette J. Communication of preferences for care among human

- immunodeficiency virus-infected patients: Barriers to informed decisions? *Archives of Family Medicine* 1997;6(4):342-347.
27. Piette JD. Moving diabetes management from clinic to community: Development of a prototype based on automated voice messaging. *The Diabetes Educator* 1997;23(6):672-679.
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  29. Piette JD. Satisfaction with care among patients with diabetes in two public health care systems. *Medical Care* 1999;37(6):538-546. Also see editorial in the same issue, 527-528.
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- 2003;18:624-633.
45. Goldberg LR, Piette JD, Walsh MN, Frank TA, Jaski B, Smith AL, Rodriguez R, Mancini DM, Hopton LA, Loh E. A prospective randomized trial of the AlereNet monitoring system to determine outpatient efficacy in patients with advanced congestive heart failure: The WHARF (Weight Monitoring in Heart Failure) Trial. *American Heart Journal* 2003;146(4):705-712.
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  55. Kerr E, Gerzoff RB, Krein SL, Selby JV, Piette JD, Curb JD, Herman WH, Marrero DG, Narayan V, Safford MM, Mangione CM. Diabetes care quality in the Veterans Affairs Health Care System and commercial managed care: the TRIAD study. *Annals of Internal Medicine* August 2004;141(4):272-281.
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  61. Heisler M, Piette JD, Spencer M, Kieffer E, Vijan S. The relationship between knowledge of recent hemoglobin A1c values and diabetes care understanding and self-management. *Diabetes*

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  70. Piette JD, Heisler M. The relationship between older adults' knowledge of their drug coverage and medication cost problems. *Journal of the American Geriatrics Society*, January 2006;54:91-96.
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