Stanford



Peter Rudd, MD

Professor of Medicine (General Internal Medicine) at the Stanford University Medical Center, Emeritus

Curriculum Vitae available Online

CONTACT INFORMATION

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Bio

ACADEMIC APPOINTMENTS

• Emeritus Faculty - University Medical Line, Medicine

ADMINISTRATIVE APPOINTMENTS

- Chief, Division of General Internal Medicine (Dept. of Medicine), (1997-2008)
- Director, Department of Medicine Quality Assurance and Quality Improvement Programs, (1998-2008)
- Member, Stanford Hospital & Clinics Care Review Committee, (1998-2008)
- Senator-At Large, Stanford University School of Medicine Faculty Senate, (2002-2005)
- Chair, Clinical Science Affinity Group; School of Medicine Curricular Reform Project, (2002-2003)
- Member, SHC Quality Improvement and Patient Safety Committee, (2003-2008)

HONORS AND AWARDS

- Kaiser Family Fdn Award for Outstanding and Innovative Contributions to Medical Education, Stanford University School of Medicine (2006)
- Awardee, Office of the Dean; Stanford University School of Medicine (2004)
- Fellowship, California Healthcare Foundation Leadership Training (2001-3)
- Listee, Best Doctors in America (1997-99)
- Fellowship, Andrew W. Mellon Foundation (1977-81)
- Fellowship, W.K. Kellogg Foundation; Hospital Research and Education Trust (1977)
- Diplomate, American Board of Internal Medicine (1975)
- Diplomate, National Board of Medical Examiners (1971)
- Phi Beta Kappa, Amherst College (1966)

PROFESSIONAL EDUCATION

- BA, Amherst College, French (1966)
- MD, Case Western Reserve University, Medicine (1970)

- Internship, Stanford Univ. Affil. Hospitals, Internal Medicine (1971)
- Residency, Stanford Univ. Affil. Hospitals, Internal Medicine (1975)
- Fellowship, RWJ Clinical Scholars; McGill, Health care planning (1976)

LINKS

• Personal Web site: https://web.stanford.edu/~rudd/

Research & Scholarship

CURRENT RESEARCH AND SCHOLARLY INTERESTS

Quality improvement (QI) efforts seek to make medical care the "best it can be" rather than merely "good enough" to avoid censure. Focus on improving the average performance usually produces more net benefit than eliminating outliers, often by simplification, standardization, and specification. We have worked with electronic medication monitors, clinical databases, and computerized physician order entry systems for better clinical outcomes. We have also developed training modules for students, house officers, and clinicians for enhanced professionalism and accountability.

Recent work has emphasized optimizing among cost, quality and access, using examples of common internal medicine problems (e.g., community acquired pneumonia, diabetes mellitus, blood product transfusion). QI project teams arose in both inpatient and outpatient settings. The optimal results occur from combining didactic training and practical applications via projects with plan-do-study-act rapid cycles of change. We have also examined the relative impact of patient versus physician behaviors as well as system factors in determining clinical outcomes for control of elevated cholesterol.

In prior work, we explored medication adherence. Medication-taking represents a complex behavior integral to optimal outcomes in much of ambulatory medical care. We have helped develop and test electronic medication monitors capable of dynamic tracking of medication dispensing events over time. The technology offers a time-based matrix by which to interpret, understand, and improve clinical outcomes that depend on patients' medication-taking behavior.

Using the electronic monitor technology, we have studied

- a) Normative patterns of medication-taking among subgroups of patients on chronic cardiovascular medications
- b) Dose-response relationships among established and investigational antihypertensive medications for misinterpretations of optimal dosing recommendations
- c) Critical evaluation of reported adverse drug reactions, based on dosing errors that involve omission, commission, or misscheduling
- d) Clinical protocols useful for assessing apparent secondary resistance to treatment after initial clinical responsiveness
- e) Cost-effectiveness of the incremental information about precise medication-taking events, patterns, and distortions.

Teaching

GRADUATE AND FELLOWSHIP PROGRAM AFFILIATIONS

• Health Services Research (Masters Program)

Publications

PUBLICATIONS

• Review: In primary prevention, BP-Iowering treatment reduces major CV events in patients with SBP >= 140 mm Hg ANNALS OF INTERNAL MEDICINE Rudd, P.

2018; 168 (4): JC15

- Placebo Adherence and Mortality in the Heart and Estrogen/Progestin Replacement Study AMERICAN JOURNAL OF MEDICINE
 Padula, A. M., Pressman, A. R., Vittinghoff, E., Grady, D., Neuhaus, J., Ackerson, L., Rudd, P., Avins, A. L.
 2012; 125 (8): 804-810
- Adherence to placebo and mortality in the Beta Blocker Evaluation of Survival Trial (BEST) CONTEMPORARY CLINICAL TRIALS
 Pressman, A., Avins, A. L., Neuhaus, J., Ackerson, L., Rudd, P.
 2012; 33 (3): 492-498

 A Culturally Adapted Telecommunication System to Improve Physical Activity, Diet Quality, and Medication Adherence Among Hypertensive African-Americans: A Randomized Controlled Trial ANNALS OF BEHAVIORAL MEDICINE

Migneault, J. P., Dedier, J. J., Wright, J. A., Heeren, T., Campbell, M. K., Morisky, D. E., Rudd, P., Friedman, R. H. 2012; 43 (1): 62-73

• How Personal Is the Personal Health Record? ARCHIVES OF INTERNAL MEDICINE

Rudd, P., Frei, T. 2011; 171 (6): 575-576

 Placebo Adherence and Its Association with Morbidity and Mortality in the Studies of Left Ventricular Dysfunction JOURNAL OF GENERAL INTERNAL MEDICINE

Avins, A. L., Pressman, A., Ackerson, L., Rudd, P., Neuhaus, J., Vittinghoff, E. 2010; 25 (12): 1275-1281

Placebo adherence and its association with morbidity and mortality in the studies of left ventricular dysfunction J Gen Intern Med

Avins AL, Pressman A, Ackerson L, Rudd P, Neuhaus J, Vittinghoff E 2010; 25 (12): 1275-81

• Diuretics were superior to calcium-channel blockers and short-term ACE inhibitors for reducing heart failure in hypertension. ACP journal club

Rudd, P.

2007; 146 (1): 16-?

• Review: Beta blockers are less effective than other antihypertensive drugs for reducing risk of stroke in primary hypertension. Evidence-based medicine Rudd, P.

2006; 11 (3): 85-?

• Review: beta-blockers are less effective than other antihypertensive drugs for reducing risk for stroke in primary hypertension. ACP journal club

2006; 144 (3): 67-?

• Nurse care management for hypertension: A systems approach American Journal of Hypertension

Rudd P, Houston Miller N, Kaufman J, Kraemer HC, Bandura A, Greenwald G, DeBusk, RF 2004; 17 (10): 921-7

• The search for high-yield, low-risk antihypertensive treatment American Journal of Medicine

Rudd, P.

2000; 108 (5): 429-30

• Compliance with antihypertensive therapy: Raising the bar of expectations AMERICAN JOURNAL OF MANAGED CARE

Rudd, P.

1998; 4 (7): 957-966

• Drug therapy: the impact of managed care. Advances in pharmacology (San Diego, Calif.)

Hopkins, J., Siu, S., Cawley, M., Rudd, P.

1998; 44: 1-32

• Hypertension: Mechanisms, diagnosis, therapy Topol E (ed). Textbook of Cardiovascular Medicine New York, Lippincott-Raven

Rudd P, Hagar RW

1997: 09-43

• CLINICIAN AND PATIENTS WITH HYPERTENSION - UNSETTLED ISSUES ABOUT COMPLIANCE AMERICAN HEART JOURNAL

Rudd, P.

1995; 130 (3): 572-579

• A MULTICENTER COMPARISON OF ADVERSE REACTION PROFILES OF ISRADIPINE AND ENALAPRIL AT EQUIPOTENT DOSES IN PATIENTS WITH ESSENTIAL-HYPERTENSION JOURNAL OF CLINICAL PHARMACOLOGY

Johnson, B. F., Eisner, G. M., McMahon, F. G., Jain, A. K., Rudd, P., Sowers, J. R. 1995; 35 (5): 484-492

PHARMACOKINETICS AS AN AID TO OPTIMIZING COMPLIANCE WITH MEDICATIONS CLINICAL PHARMACOKINETICS

Rudd, P., Lenert, L. 1995; 28 (1): 1-6

A multicenter comparison of adverse reaction profiles of isradipine and enalapril at equipotent doses in patients with essential hypertension J Clin
Pharmacol

Johnson BF, Eisner GM, McMahon FG, Jain AK, Rudd P, Sowers JR.

1995; 35 (5): 484-92

• Compliance with antihypertensive therapy: A shifting paradigm. Cardiol Rev

Rudd P

1994; 2 (4): 230-40

• GAPS IN CARDIOVASCULAR MEDICATION TAKING - THE TIP OF THE ICEBERG JOURNAL OF GENERAL INTERNAL MEDICINE Rudd, P., Ramesh, J., BRYANTKOSLING, C., Guerrero, D.

1993; 8 (12): 659-666

• ANTIHYPERTENSIVE MEDICATION-TAKING - INVESTIGATION OF A SIMPLE REGIMEN AMERICAN JOURNAL OF HYPERTENSION Guerrero, D., Rudd, P., BRYANTKOSLING, C., MIDDLETON, B. F.

1993; 6 (7): 586-592

• Partial compliance: implications for clinical practice. Journal of cardiovascular pharmacology

Rudd P.

1993; 22: S1-5

• Maximizing compliance with antihypertensive therapy Drug Therapy

Rudd P

1992; 22: 25-32

• Compliance with medication timing: Implications from a medication trial for drug development and clinical practice. J Clin Res Pharmacoepidemiol Rudd P, Ahmed S, Zachary V, Barton C, Bonduelle D.

1992; 6: 15-27

• ISSUES IN PATIENT COMPLIANCE - THE SEARCH FOR THERAPEUTIC SUFFICIENCY SYMP ON CIRCADIAN VARIATION IN CARDIOVASCULAR DISEASE: THE NEED FOR COMPLIANCE, AT THE 12TH CONGRESS OF THE EUROPEAN SOC OF CARDIOLOGY Rudd, P., Ahmed, S., ZACHARY, V., Barton, C., BONDUELLE, D.

KARGER.1992: 2-10

• RESUSCITATION ATTITUDES AMONG MEDICAL PERSONNEL - HOW MUCH DO WE REALLY WANT TO BE DONE RESUSCITATION

Varon, J., Sternbach, G. L., Rudd, P., Combs, A. H.

1991; 22 (3): 229-235

• A multicenter comparison of the safety and efficacy of isradipine and enalapril in the treatment of hypertension Am J Hypertension

Eisner GM, GM, Johnson BF, McMahon FG, Rudd P, Sowers JR, Vargas R, Semel M.

1991; 4: 154S-157S

• IMPROVED COMPLIANCE MEASURES - APPLICATIONS IN AN AMBULATORY HYPERTENSIVE DRUG TRIAL CLINICAL PHARMACOLOGY & THERAPEUTICS

Rudd, P., Ahmed, S., ZACHARY, V., Barton, C., BONDUELLE, D.

1990; 48 (6): 676-685

• THE NATURAL-HISTORY OF MEDICATION COMPLIANCE IN A DRUG TRIAL - LIMITATIONS OF PILL COUNTS CLINICAL PHARMACOLOGY & THERAPEUTICS

Rudd, P., BYYNY, R. L., ZACHARY, V., LOVERDE, M. E., TITUS, C., Mitchell, W. D., Marshall, G.

1989; 46 (2): 169-176

• PROBLEMS IN CONSULTATION MEDICINE - THE GENERALISTS REPLY JOURNAL OF GENERAL INTERNAL MEDICINE

Rudd, P.

1988: 3 (6): 592-595

• PILL COUNT MEASURES OF COMPLIANCE IN A DRUG TRIAL - VARIABILITY AND SUITABILITY AMERICAN JOURNAL OF HYPERTENSION Rudd, P., BYYNY, R. L., ZACHARY, V., LOVERDE, M. E., Mitchell, W. D., TITUS, C., Marshall, G.

1988; 1 (3): 309-312

• Problems in consultation medicine: The generalist's reply. J Gen Intern Med

Rudd P

1988; 35: 592-595

• CONSEQUENCES OF WORKSITE HYPERTENSION SCREENING - CHANGES IN ABSENTEEISM HYPERTENSION

Rudd, P., Price, M. G., Graham, L. E., BEILSTEIN, B. A., TARBELL, S. J., Bacchetti, P., Fortmann, S. P.

1987; 10 (4): 425-436

• Management pitfalls in malignant hypertension. J Crit Illness

Rudd P

1987; 22: 9-10

Resolving problems of measuring compliance with medication monitors. J Compliance Health Care

Rudd P, Marshall G

1987; 22: 23-35

• CUMULATIVE EXPERIENCE WITH TERAZOSIN ADMINISTERED IN COMBINATION WITH DIURETICS AMERICAN JOURNAL OF MEDICINE

Rudd, P., Berenson, G., Brown, M., CANOSA, F. L., Lunn, J., Moser, M., Nash, D., Neal, W., Ruoff, G.

1986; 80 (5B): 49-54

• CONSEQUENCES OF WORKSITE HYPERTENSION SCREENING - DIFFERENTIAL CHANGES IN PSYCHOSOCIAL FUNCTION AMERICAN JOURNAL OF MEDICINE

Rudd, P., Price, M. G., Graham, L. E., BEILSTEIN, B. A., TARBELL, S. J., Bacchetti, P., Fortmann, S. P.

1986; 80 (5): 853-860

Cumulative experience with terazosin administered in combination with diuretics Am J Med

Rudd P, Berenson G, Brown M, Canosa FL, Lunn J, Moser M, Nash D, Neal W, Ruoff G

1986; 80 (suppl 5B): 853-860

• Consequences of worksite hypertension screening: Differential changes in psychosocial function Am J Med

Rudd P, Price MG, Graham LE, Beilstein BA, Tarbell SJH, Bacchetti P, Fortmann SP

1986; 80: 853-860

• Cardiovascular risks for very low calorie diets Compreh Ther

Rudd P

1985; 11: 3-6

• Ten commandments for effective consultations Arch Intern Med

Goldman L, Lee T, Rudd P

1983; 143: 1753-1755

• 10 COMMANDMENTS FOR EFFECTIVE CONSULTATIONS ARCHIVES OF INTERNAL MEDICINE

Goldman, L., Lee, T., Rudd, P.

1983; 143 (9): 1753-1755

• Resistant hypertension: Differential diagnosis and management recommendations Hosp Formul

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1982; 17: 1320-1326

RESISTANT HYPERTENSION - DIFFERENTIAL-DIAGNOSIS AND MANAGEMENT RECOMMENDATIONS HOSPITAL FORMULARY

Rudd, P.

1982; 17 (10): 1320-1326

• Teaching cost control in medical school Patient Care

Marton KI, Rudd P

1981; 15: 198-215

 MEDICATION NON-COMPLIANCE - A RANDOMIZED TRIAL FOR PRIMARY CARE SKILL INSTRUCTION JOURNAL OF MEDICAL EDUCATION Rudd, P., Bell, D., ESHIMA, I.

1981; 56 (1): 59-61

• Contrasts in academic consultation Ann Intern Med

Rudd P

1981; 93: 537-538

• Medication noncompliance: a randomized trial for primary care skill instruction J Med Educ

Rudd P, Bell D, Eshima I.

1981; 56: 59-61

• The utility of a commercial film in hypertensive patient education Urban Health

Rudd P, Beilstein B, Farquhar W.

1980; 93: 46-48

• DIAGNOSING PANCREATIC-CANCER - AN ANALYSIS OF SEVERAL STRATEGIES WESTERN JOURNAL OF MEDICINE

Marton, K. I., Rudd, P., Sox, H. C.

1980; 133 (1): 19-25

• ONCE-DAILY REGIMEN FOR PROPRANOLOL ANTI-HYPERTENSIVE THERAPY CURRENT THERAPEUTIC RESEARCH-CLINICAL AND EXPERIMENTAL

Rudd, P., BEILSTEIN, B., TUL, V., Howard, J.

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• Once daily regimen for propranolol antihypertensive therapy Curr Therap Res

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• Diagnosing pancreatic cancer; An analysis of several strategies West J Med

Marton KI, Rudd P, Sox HC

1980; 33: 19-25

• The general medicine clinic: the dilemma and teaching implications J Med Educ

Rudd P, Tul V, Brown K, Davidson SM, Bostwick GH

1979; 54: 766-774

• GENERAL MEDICINE CLINIC - DILEMMA AND TEACHING IMPLICATIONS JOURNAL OF MEDICAL EDUCATION

Rudd, P., TUL, V., BROWN, K., Davidson, S. M., BOSTWICK, G. J.

1979; 54 (10); 766-774

• URINARY-TRACT INFECTIONS - AMBULATORY CARE PERSPECTIVE PRIMARY CARE

Rudd, P.

1979; 6 (1): 97-112

• Medication packaging: Simple solutions to nonadherence problems? Clin Pharm Therap

Rudd P

1979; 25: 257-265

• Hypertension continuation adherence: natural history and role as indicator condition Arch Intern Med

Rudd P, Tul V, Brown K, Bostwick GH, Davidson SM

1979: 139: 545-549

• NONTRADITIONAL PROBLEMS OF ANTIHYPERTENSIVE MANAGEMENT WESTERN JOURNAL OF MEDICINE

Rudd, P., Marton, K. I.

1979; 131 (3): 179-192

• In search of a gold standard for compliance Arch Intern Med

Rudd P

1979; 139: 627-628

• Urinary tract infections; An ambulatory care perspective Primary Care

Rudd P

1979; 6: 97-112

• Modifying house staff behavior: Physician versus patient oriented intervention Proc 17th Annu Res Med Educ

Rudd P, Tul V 1978: 315-9

• PERIOPERATIVE DIABETIC CONSULTATION - PLEA FOR IMPROVED TRAINING JOURNAL OF MEDICAL EDUCATION

Rudd, P., Siegler, M., BYYNY, R. L.

1978; 53 (7): 590-596

• PATIENTS OF INTERNISTS IN HOSPITAL OUTPATIENT DEPARTMENTS AND IN PRIVATE-PRACTICE CANADIAN MEDICAL ASSOCIATION JOURNAL

Rudd, P., CARRIER, A. C. 1978; 119 (8): 891-895

• Perioperative diabetic consultation: A plea for improved training J Med Educ

Rudd P, Siegler M, Byyny RL 1978; 53: 590-596

• Patients of internists in hospital outpatient departments and private practice Canad Med Assoc J

Rudd P, Carrier AC 1978; 119: 891-895

• The United Farm Workers Clinic in Delano, California; A study of the rural poor Publ Health Rep

Rudd P

1975; 90: 331-339

• Irreversible bone marrow failure with chlorambucil J Rheumatol

Rudd P, Fries JF, Epstein WV 1975; 25: 421-429

• IRREVERSIBLE BONE-MARROW FAILURE WITH CHLORAMBUCIL JOURNAL OF RHEUMATOLOGY

Rudd, P., Fries, J. F., EPSTEIN, W. V.

1975; 2 (4): 421-429