Minutes

Research and Office of Integrated Veteran Care (IVC) Meeting

Friday, April 7, 2023 at 12:00PM EST

Agenda

| # | Topic | Lead Speaker |
| --- | --- | --- |
| 1 | Presentation – Qualitative Study of the Implementation of the Referral Coordination Initiative in VISN 1 – Dr. Anna Zogas | Anna Zogas, PhD  Research Anthropologist  VA Boston Healthcare System |
| 2 | Discussion: Tracking Health Services Research and Development (HSRD) and Quality Enhancement Research Initiative (QUERI) Projects – Deferred from Jan meeting | Dr. Sachin Yende, Acting IVC ELT Member/IFO |

Action/Follow-up Items

| # | Action Item | Date Assigned | Person | Due Date | Status |
| --- | --- | --- | --- | --- | --- |
| 1 | New Paper – Early Transition of Mission – Availability of Community Care | 10/7/22 | Denise Hynes |  |  |

Published Papers:



Minutes:

Dr. Kristin Mattocks’ Opening Comments:

* Background on Dr. Zogas - CREEK Awardee from VA Boston
* Working to finish the CORE application “ACCENT CORE” to expand what is done in CREEK to a larger center and work with IVC, the Office of Rural Health, and the Office of Connected Care; CREEK has already expanded
* Application is nearly done and will be ready to submit by the due date (next Friday)
* One year ago, Health Services Research and Development (HSRD) provided funding for six pilot studies focused on various aspects of Community Care (CC). Six applicants were chosen, including Anna Zogas
* RCI is near and dear to IVC
* Dr. Zogas met with Dr. LaPuz in Baltimore during the annual HSRD meeting

Presentation/Dr. Zogas:

* Presented preliminary findings from qualitative study in VISN 1 (V1)
* Variation is seen with implementation – What is the variation? What factors are shaping this variation?
* Structured interviews with V1 staff
* Coding of interviews
* Process map for each healthcare system (HCS)
* Grouped into two clusters – 1) dedicated staff in RCI roles and 2) RCI in Specialty clinics
* Findings from interviews:
  + Detective work is necessary by staff
  + Core practices from guidebooks were in place (adoption of practices went up) – these findings are true for all sites
* What was different:
* Role and location of staff
* Cluster 1 – medical center complexity was low
  + Perceived reliance on CC - high
  + FTE allocated in most cases
  + Staff aware of local leadership support? Yes
  + Local guidance about implementation existed
  + Relied more on CC
* Cluster 2 - medical complexity was high
  + Perceived reliance on CC - low
  + FTE allocated new staff? No
  + Staff aware of leadership support? No
  + Does local guidance exist? No
  + Relied less on CC
* Conclusions:
* Centralized and decentralized are only a few of the types of structures
* RCI is labor-intensive – consider which staff to allocate responsibilities
* Change in RCI outcomes are probably due to these factors presented
* Next step in research – Veterans interviews

Questions:

Puget Sound qualitative assessment is also occurring – might this be an opportunity to partner? Yes, already in communication with facility

For your study, were you referring to staff nurses or licensed providers? Licensed independent practitioners mostly

Dr. LaPuz comments:

* This is a good gauge of what else we need to be doing in the future in the area of RCI
* We are looking into incorporating RCI tools
* We need a tool that will allow us to guide and also address the variabilities