

Developing Effective Partnerships for Implementation Research and Evaluations of Quality Improvement Programs

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Ischemic Heart Disease Quality Enhancement Research Initiative



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Poll

What is your role in the VA? (please select all that apply)

- Research
- Operations
- Quality Improvement
- Clinical
- Other

Presentation goals

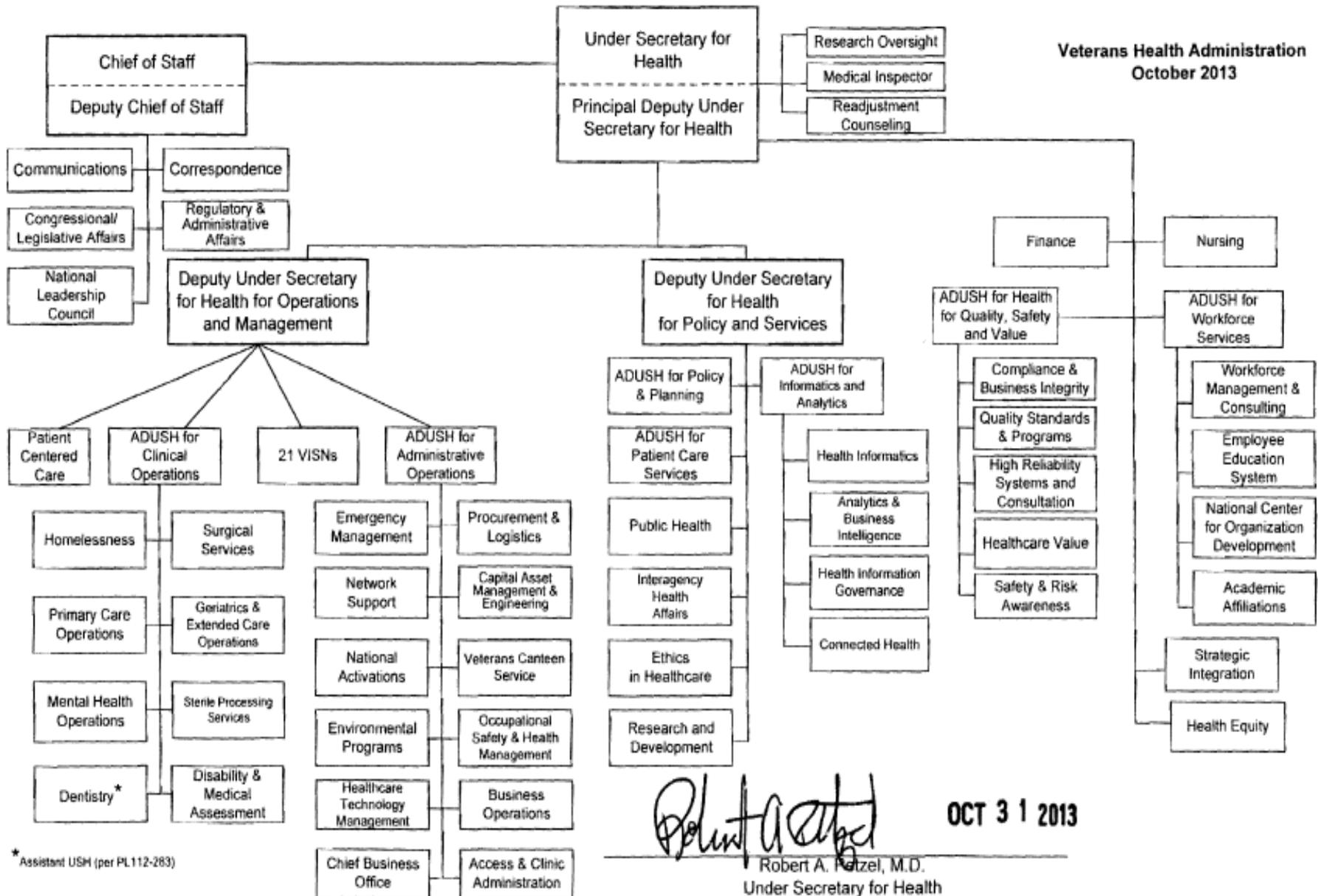
- Understand the importance of partnerships in implementation research (IR) and quality improvement (QI)
- Find resources for developing partnerships
- Increase knowledge about key aspects of a successful partnership
- Develop partnered-IR and QI

Implementation Research vs. Quality Improvement

- **Implementation Research (IR)**
 - Focused on testing falsifiable hypotheses, intended to generate generalizable knowledge, usually prioritizes internal validity
- **Quality Improvement (QI)**
 - Continuous, rapid, and focused on addressing practical issues; needs a $p < .50$; generalizability often valued over internal validity.

Partnerships

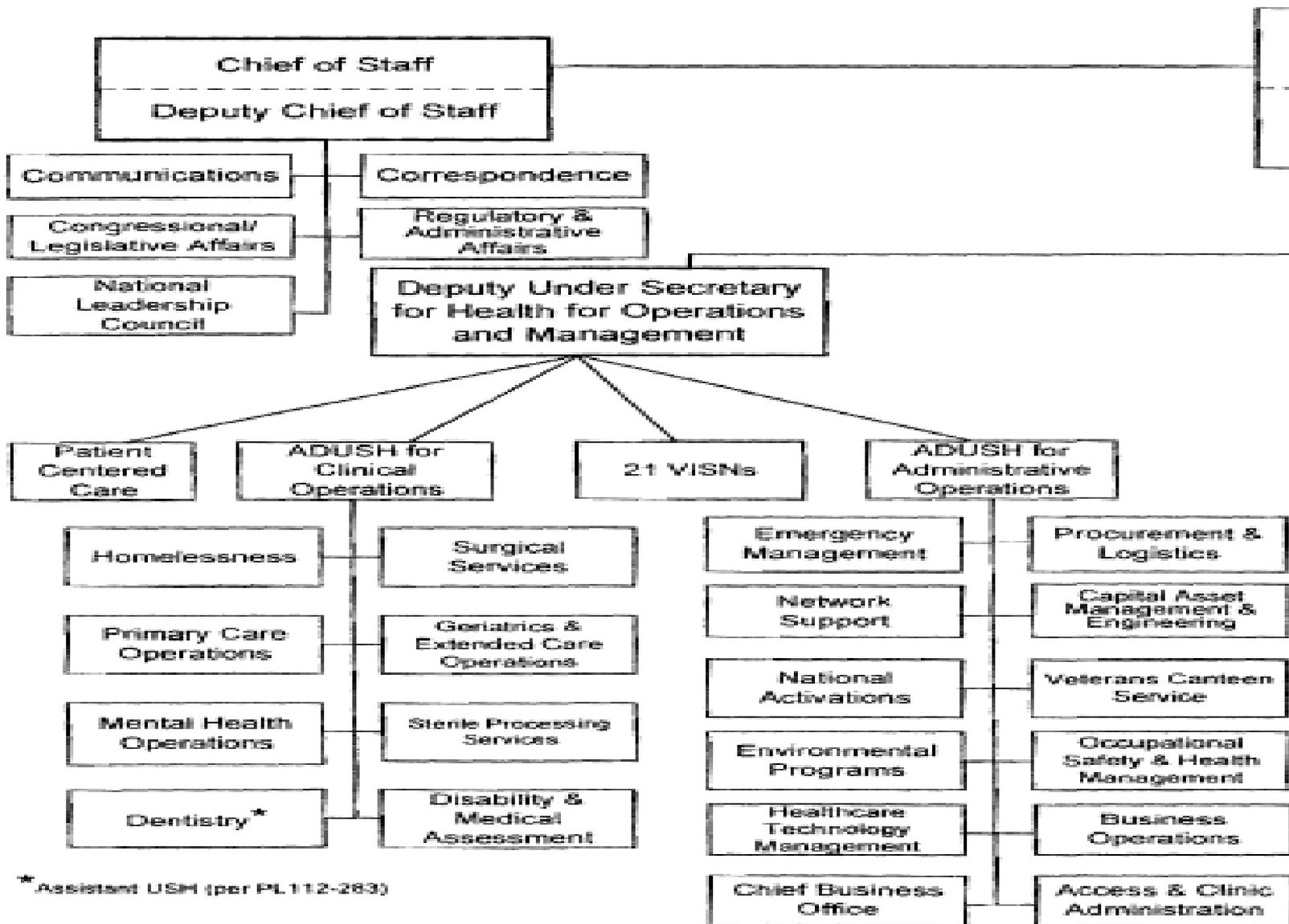
- Increasing emphasis on partnerships across VHA
- What do we mean by partners?
 - Who will “own” the evidence-based clinical practice when it is implemented?
 - Org Chart can be a starting place - <http://vaww.ush.va.gov/docs/VHAOrgChart103113.pdf>



Robert A. Petzel, M.D.
Under Secretary for Health

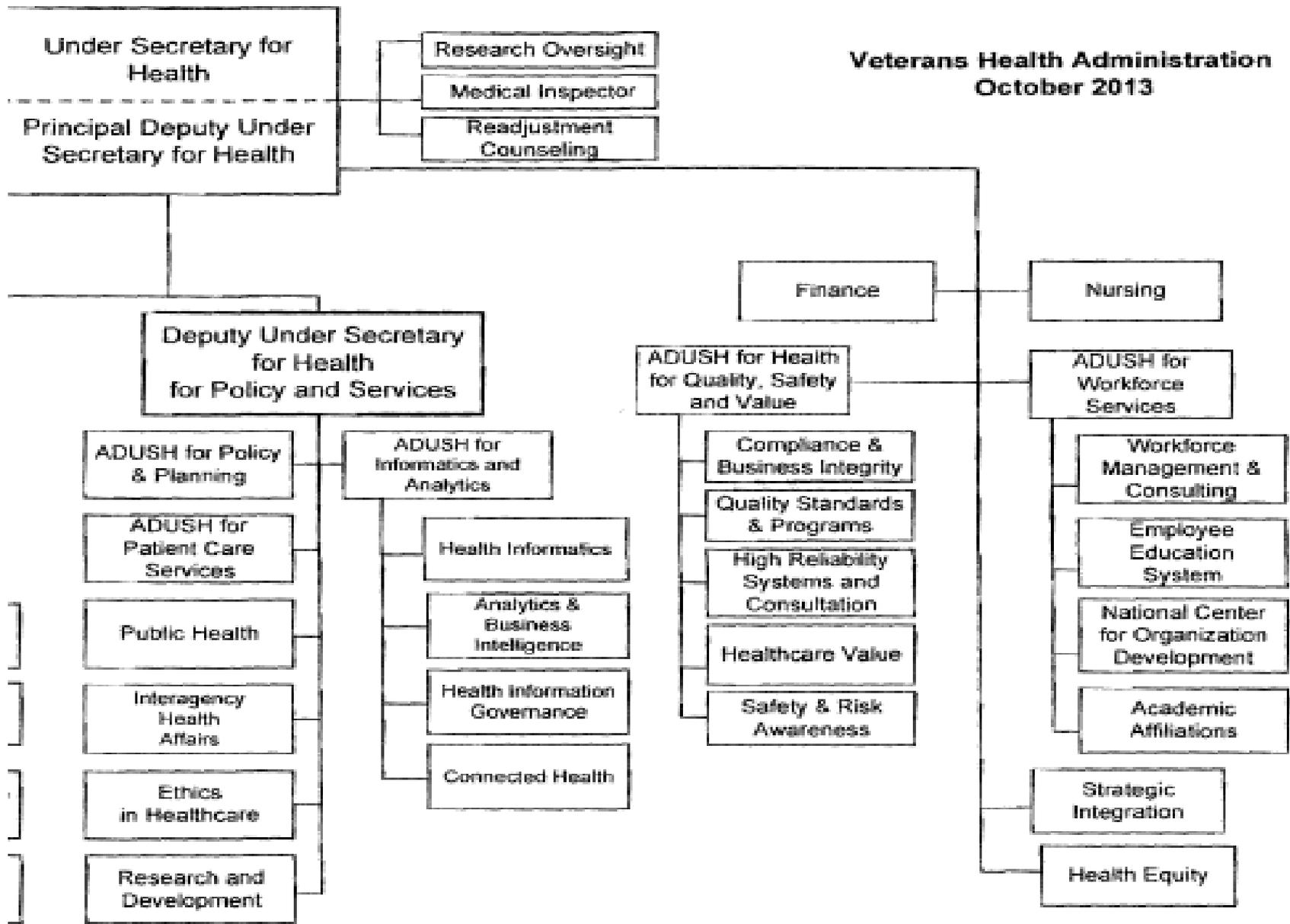
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* Assistant USH (per PL112-283)



* Assistant USM (per PL 112-283)

Veterans Health Administration
October 2013



Initiating Partnerships

- **Start early**
 - For those applying for grants, this means several months in advance of the grant deadline
 - Have to start somewhere but best partnerships measured in tree rings
 - For those conducting QI, this means as soon as you are thinking about the project and there is a high likelihood of initiation
- **Gather information about offices related to your research/evaluation questions**
 - Use existing resources -
<http://vaww1.va.gov/health/programs.asp>
 - For more detail, see <http://www.valu.va.gov/Home/GetPDF/57>
 - Ask colleagues
 - For IR, get in touch with relevant QUERI centers
 - Review their strategic plan

<http://vaww1.va.gov/health/programs.asp>

The screenshot shows a web browser window displaying the VA Intranet. The address bar shows the URL <http://vaww1.va.gov/health/programs.asp>. The page header includes the VA logo, the text "UNITED STATES DEPARTMENT OF VETERANS AFFAIRS", and "INTRANET". A search bar is located in the top right corner. Below the header is a navigation menu with links for "VA Intranet Home", "About VA", "Organizations", "Locations", and "Employee Resources". The main content area is titled "VETERANS HEALTH ADMINISTRATION" and "VHA Program Offices". A left sidebar contains a vertical menu with links for "Veterans Health Administration Home", "VISN Intranets", "VHA Facility Intranets", "VHA Program Offices", "Employee Information", "Employee Education", "Reference", and "Site Search". The main content area lists various program offices with their IDs and names, such as "10 Under Secretary for Health", "10MI Medical Inspector", "10R Research Oversight", "10RC Readjustment Counseling", "10B Chief of Staff", "10B1 Correspondence", "10B2 Communications | CommSite", "10B3 Congressional/Legislative Affairs", "10B4 Regulatory and Administrative Affairs", "10B5 National Leadership Council", "10A Principal Deputy Under Secretary for Health", "10A1 Nursing Services", "10A2 ADUSH for Workforce Services", "10A2A Workforce Management & Consulting", "10A2B Employee Education System", "10A2C National Center for Organization Development", "10A2D Academic Affiliations", "10A3 Finance", "10A4 ADUSH for Quality, Safety and Value", "10A4A Office of Compliance and Business Integrity", "10A4B Quality Standards and Programs", "10A4C High Reliability Systems and Consultation", "10A4D Healthcare Value", "10A4E Safety and Risk Awareness", "10A5 Strategic Integration", "10A6 Office of Health Equity", "10N Deputy Under Secretary for Health for Operations and Management", "10NA ADUSH for Administrative Operations", "10NA1 Emergency Management", "10NA2 Procurement and Logistics Office", "10NA3 Network Support", and "10NA4 Healthcare Engineering".

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VA Intranet Home About VA Organizations Locations Employee Resources

VETERANS HEALTH ADMINISTRATION

VHA Program Offices

10 [Under Secretary for Health](#)

10MI [Medical Inspector](#)

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10RC [Readjustment Counseling](#)

10B [Chief of Staff](#)

10B1 [Correspondence](#)

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10B3 [Congressional/Legislative Affairs](#)

10B4 [Regulatory and Administrative Affairs](#)

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10A [Principal Deputy Under Secretary for Health](#)

10A1 [Nursing Services](#)

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10A4D Healthcare Value

10A4E Safety and Risk Awareness

10A5 Strategic Integration

10A6 [Office of Health Equity](#)

10N [Deputy Under Secretary for Health for Operations and Management](#)

10NA ADUSH for Administrative Operations

10NA1 [Emergency Management](#)

10NA2 [Procurement and Logistics Office](#)

10NA3 Network Support

10NA4 [Healthcare Engineering](#)

- 10P Deputy Under Secretary for Health for Policy and Services
- 10P1 [ADUSH for Policy and Planning](#)
- 10P2 [ADUSH for Informatics and Analytics](#)
- 10P2A [Health Informatics](#)
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- 10P2D [Connected Health](#)
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- 10P6 [National Center for Ethics in Health Care](#)
- 10P9 [Research and Development](#)



INTRANET
UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

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PATIENT CARE SERVICES HOME

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Welcome to Patient Care Services (PCS)
 VHA PCS - Leading VHA To Excellence In Clinical Care and Healthcare Delivery

PC Department of Veterans Affairs
S **PATIENT CARE SERVICES**

In the Spotlight Patient Resources Clinical Resources

Post Traumatic Stress Disorder (PTSD) Coach Smartphone Application - Receives Honor From FCC

The Post Traumatic Stress Disorder (PTSD) Coach smartphone application, jointly developed by the Department of Veterans Affairs (VA) and the Department of Defense (DoD), is being honored today as one of seven recipients of the Federal Communications Commission (FCC) Chairman's Awards for Advancements in Accessibility. The goal of the Chairman Awards is to encourage technological innovation in communication-related areas and recognize annually those outstanding efforts in the public and private sector as well as public-private partnerships that advance accessibility. This includes the development of individual mainstream or assistive technologies introduced into the marketplace, the development of standard or best practices that foster accessibility or the development of a new consumer clearinghouse of disability-related products and services. The numerous submissions were judged by a panel of seven FCC executives. All winners are being honored today at an awards ceremony at the FCC headquarters in Washington, D.C. Information on the PTSD Coach app is on the [VA's National Center for PTSD Website](#)

The app is one of the first in a series of jointly-designed resources by the VA National Center for PTSD and DoD's National Center for Telehealth and Technology to help service members and Veterans manage their readjustment challenges and get anonymous assistance.

Taking Care of those Taking Care - VA's Caregiver Support Program

Taking care of the Veteran you love is often your primary focus for the day. But sometimes, staying strong for that Veteran and your family can feel exhausting, and leave you without much time for yourself.

VA can help - find out more about the [VA's Caregiver Support program](#).

What's in a Name: Polytrauma and How VA Cares for Severely Injured Vets - by Lucille Beck

VA and the U.S. military have used the word polytrauma for nearly ten years to describe the complex, combat-related injuries sustained in the Iraq and Afghanistan wars. Early in these conflicts we realized we would need to establish new systems of service delivery, new models of care, and even new medical terminology to treat these severely wounded Servicemembers and Veterans. The term polytrauma fit the bill perfectly.

The simplest definition for polytrauma would be a medical condition consisting of many (poly) wounds or injuries

2013

Department of Veterans Affairs

Functional Organization Manual – Version 1.0

Description of Organization Structure, Missions, Functions, Tasks, and Authorities

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...Initiating

- **Contact your partners**
 - Communication should include:
 - Clear description of aims of IR or QI
 - Who you are
 - What you hope your partner can help you with
- **Discuss relative priorities explicitly**
 - How will your work help your partner?
 - How will it benefit Veterans' well-being?
 - How will your partner contribute to your work?
 - Understand different time horizons of researchers and partners
 - Explicit communication between each side
 - Set a shared timeline with flexibility
- **Draft a letter of support early and send to partners**

Maintaining Partnerships

- **Communicate regularly**
 - Schedule regular update calls
 - Include them on monthly project update emails
- **Design flexible studies**
 - As changes in policy or care practices occur, it may be important to change study design
- **Provide interim results to partners; plan early wins**
 - Communicate with partners about types of results they would like and provide preliminary results
 - Be open to conducting unplanned analyses
- **Partners provide updates on policy/operations changes**
 - These updates may shape your questions and analysis
- **Trust, credibility, and mutual respect are key**
 - Be open and honest; don't promise something you can't deliver

The curse of knowledge

- Researchers seek abstraction
- Operations needs concrete examples
- Example of communicating customer service focus at Nordstrom's
 - The Nordie who gift-wraps a customer's Macy's purchase
- “True But Useless”

Source: Made to Stick by Dan & Chip Heath

Partnerships

A CASE STUDY

Poll

Have you participated or viewed any of the following clinical sessions?

- Telehealth
- SCAN-ECHO (or ECHO outside the VA)
- e-consult

Development of SCAN-ECHO

- **Specialty Care Access Networks (SCAN) – Extension for Community Health Outcomes (ECHO)**
 - Based on the successful Project ECHO (Extension for Community Healthcare Outcomes) at the University of New Mexico
 - Model of knowledge transfer from specialists to PCPs/PACT team in a case-based format using live, group tele-health sessions
- Developed from a partnership between Rural Health and Office of Specialty Care Services
- Coverage of 10% of time for physician to participate
- Developed Specialty Care Evaluation Centers to assess impact
- One disease area was patients with Hepatitis C Virus (original focus of Project ECHO)

Anatomy of SCAN-ECHO model

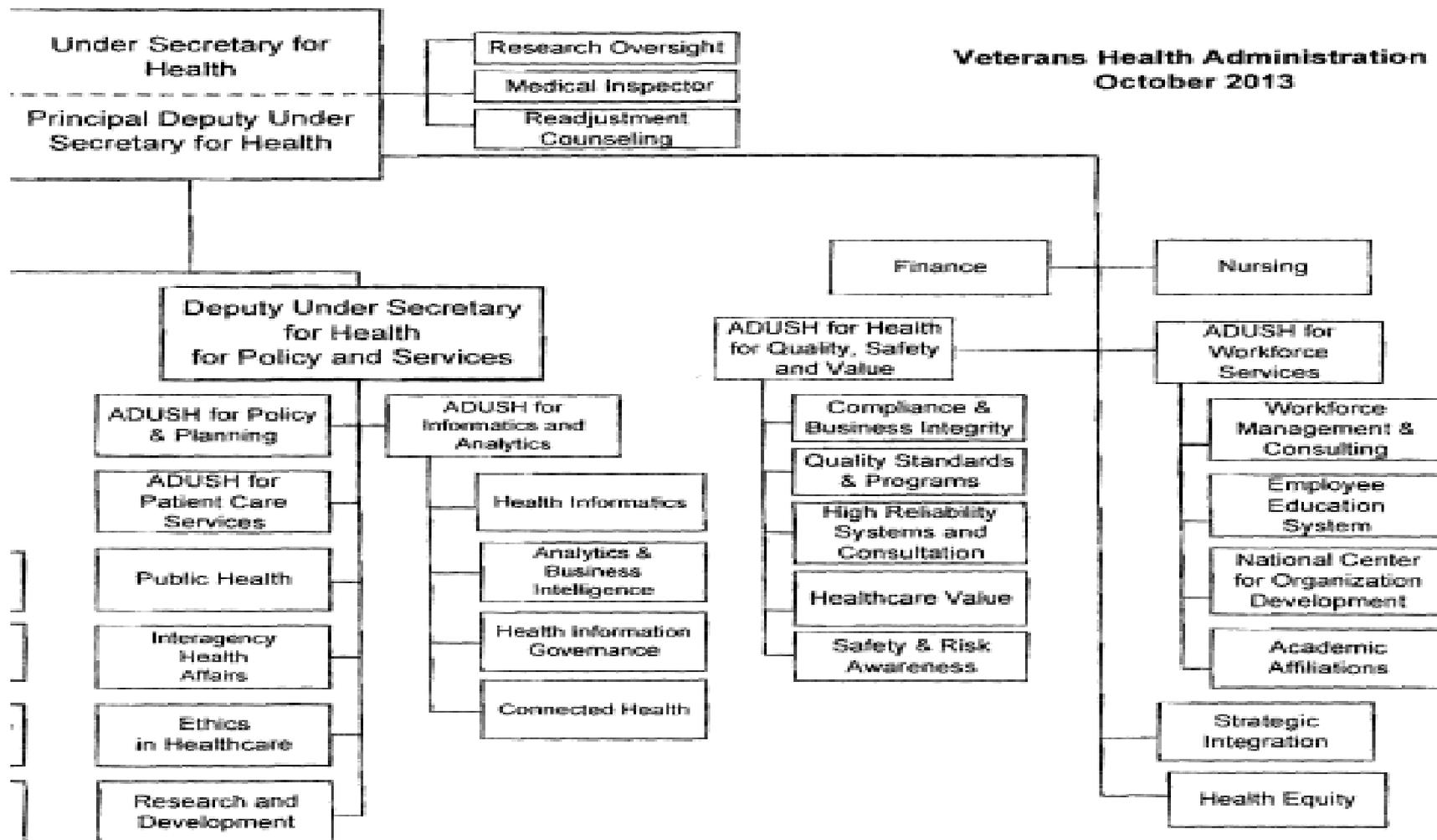
- Focused on a specific condition or issue, e.g., Hep-C, dementia, diabetes mellitus
- Team of specialty care providers (e.g., infectious disease specialist, hepatologist, substance use specialist, mental health specialist, primary care nurse) hold regular tele-health meetings w/ primary care providers (PCPs)
- Sessions include case presentations
 - PCPs identify patients they want help with and specialty team reviews and discusses
- Sessions also include didactic presentations by specialty team members, e.g., new therapies that are available

Goals of HCV SCAN-ECHO

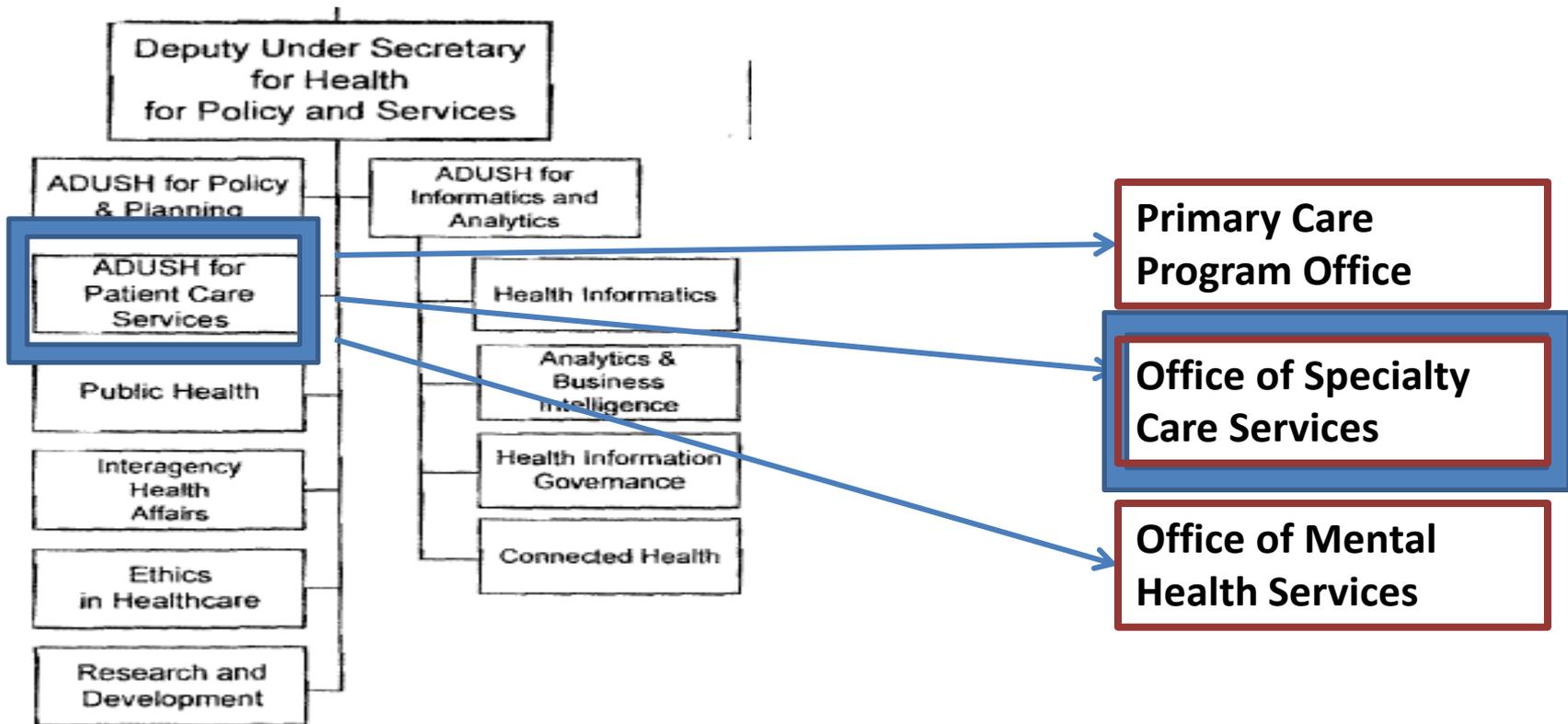
- Create a network of specialist-generalist colleagues
- Empower the primary provider
 - PCP provides increasingly sophisticated care
 - CME, textbooks, meetings, create didactics
- Empower the CBOC or VAMC
 - If CBOC provider is interested in HCV therapy, educate the CBOC pharmacist, nurse, etc. too.
- Help coordinate care

Program Offices

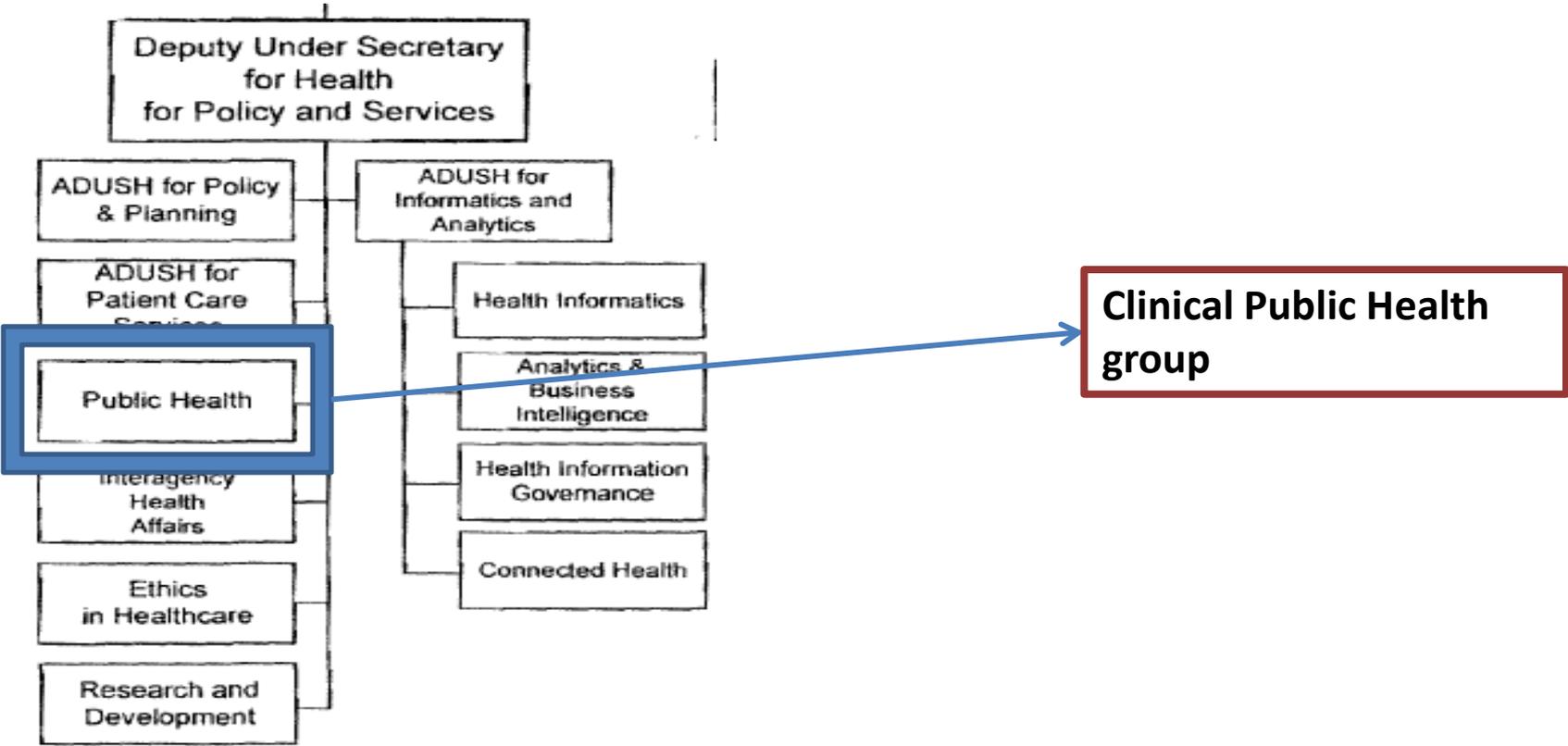
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HCV SCAN-ECHO & Patient Care Services



HCV SCAN-ECHO & Clinical Public Health



How Partnerships Formed: VISN 21 HCV SCAN-ECHO

- Evaluators/researchers gathered information about the role of different offices in HCV SCAN-ECHO
- Early and regular discussions between evaluators/researchers and key program offices and groups implementing HCV SCAN-ECHO
- Discussed priorities and planned initially developed QI project, which led to an eventual service-directed project (SDP) proposal
- Interim results given to partners throughout
 - IT is a major challenge (e.g., 18% of SCAN-ECHO calls focus on IT issues)
 - Resources (e.g., not a good time to decrease funds)
 - Contracting
 - Knowledge gaps

Results of Successful Partnerships

- Changes in communication between providers
 - E.g., formulation of initial consult to be more clear
- Development of quality indices for provider communication
 - i.e., what makes provider communication high quality?
- PI Catherine Rongey now splits her time between Clinical Public Health and research at the San Francisco VA
- Findings from this research-operations partnership will eventually be funded and supported by “the field” (e.g., local VISNs, facilities)

Key take-aways

- Many opportunities for implementation research (IR) and quality improvement (QI) to partner
- Key aspects of a successful partnership
 - Identifying the right partners/stakeholders: who will “own” the clinical change?
 - Partnerships are long-term (tree-rings)
 - Researchers’ goals and the curse of knowledge
- SCAN-ECHO is prime example of type of partnered-IR and QI that is likely to be more common in future

Questions/Comments?

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