



CSHIIP

Center for the Study of Healthcare
Innovation, Implementation & Policy

“Partnering with Operations” What Does It Mean & Why Should You Care?

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HSR&D Center for the Study of Healthcare Innovation, Implementation & Policy

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Partnering with Operations

- What is operations in the first place?
- What about policy partners?
- What does it mean to partner with operations and/or policy?
- Why is it important?
- How do you do it? When do you not?



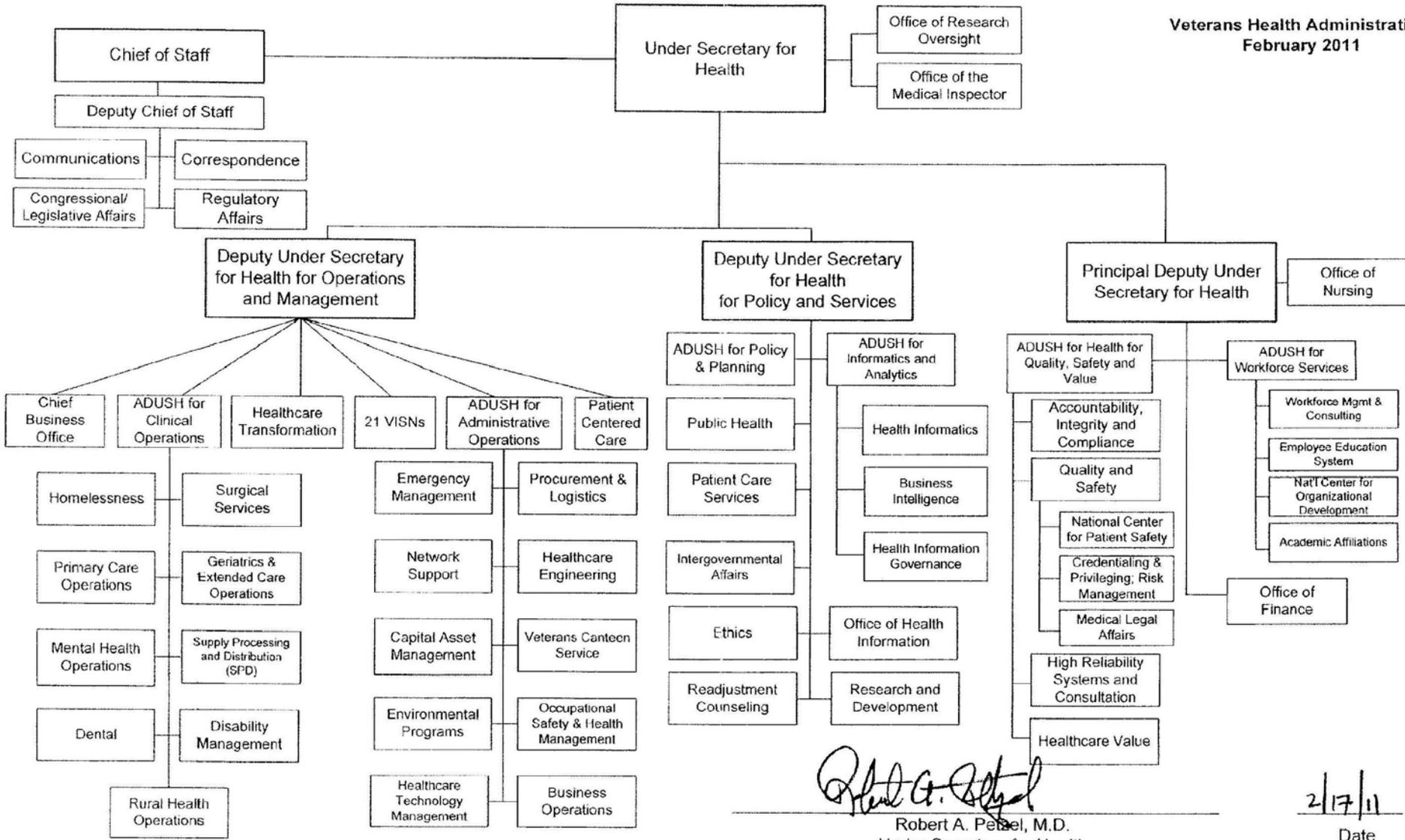
What is Operations Anyway?

- Probably *not* what you thought it was...
 - Operations is *not* everything that is *not* research
- VHA is organized into two major groups:
 - Policy *and* Operations
- Old VA org chart had VA policy leaders in CO
 - VISNs were responsible for the field = “operations”
 - VACO had a “*VISN Director* for all VISN Directors”
 - Deputy Under Secretary for Health for Operations & Management (DUSHOM) (10N)
 - Tensions between VACO policymakers and operations
 - “Unfunded mandates”, operations without sufficient voice
 - Disconnects between policy, planning and implementation



"Current" VA Organizational Chart (February 2011)

Veterans Health Administration
February 2011



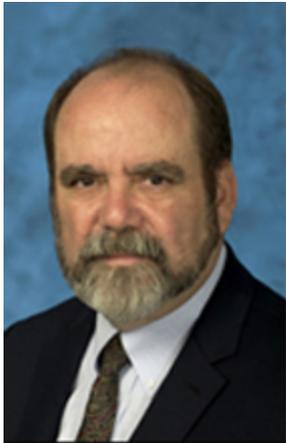
Robert A. Petzel, M.D.
Under Secretary for Health

2/17/11
Date

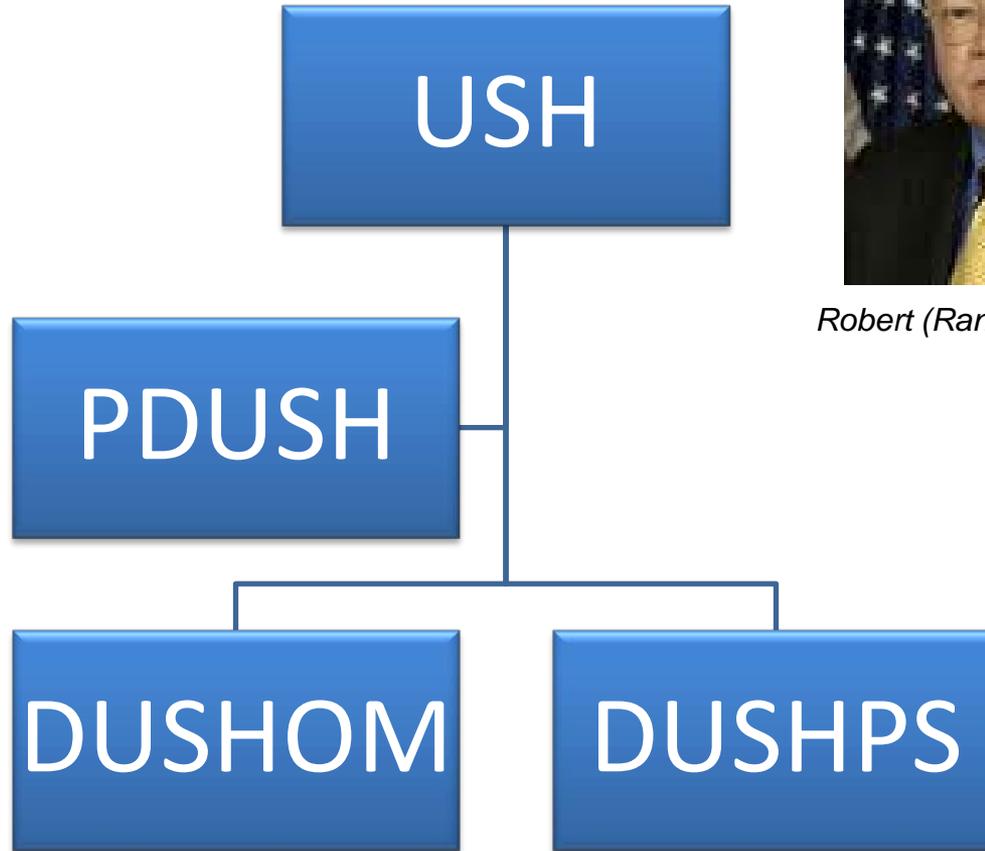


“Current” VA Organizational Chart (February 2011)

Simplified Version



Bob Jesse, MD



**Operations &
Management**

**Policy &
Services**



Robert (Randy) Petzel, MD



Madhulika Agarwal, MD



What is under *Principal Deputy USH*?

- ADUSH for Quality, Safety & Value
 - Accountability, Integrity & Compliance
 - Quality & Safety
 - High Reliability Systems & Consultation
 - Healthcare Value
- ADUSH for Workforce Services
 - Employee Education Service
 - Workforce Management & Consulting
 - National Center for Organizational Development
 - Office of Academic Affiliations
- Office of Nursing Services
- Office of Health Equity
- Office of Finance



Carolyn Clancy, MD, MPH



Malcolm Cox, MD (OAA)



Uche Uchendu, MD (OHE)



Stuart Gilman, MD (OAA)



What is under *Operations*?

- ADUSH for Clinical Operations
- ADUSH for Administrative Operations
- Chief Business Office
- Office of Healthcare Transformation
- Office of Patient Centered Care
- 21 VISNs 

– Including yours

– Do you know...

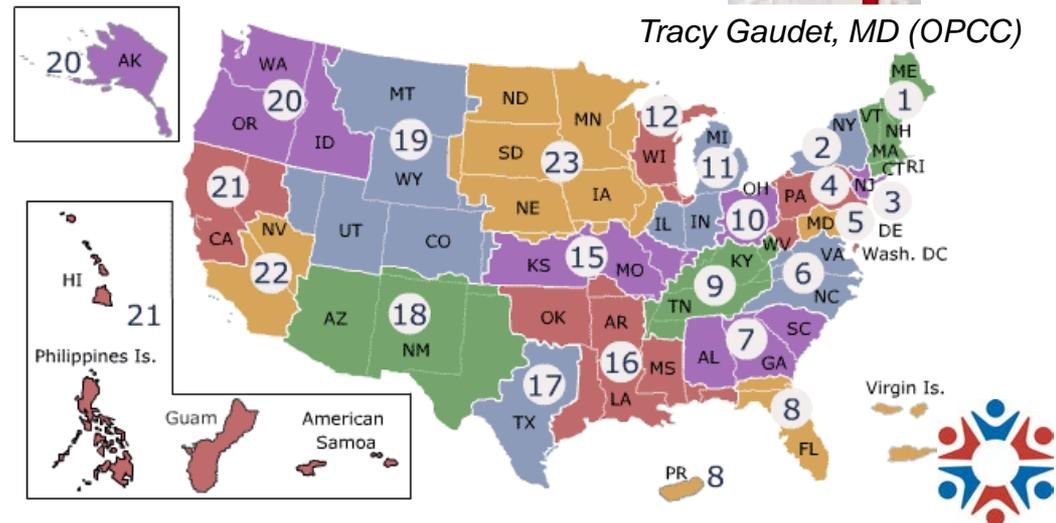
- Your VISN leaders?
- Their strategic priorities?



Jim Tuchschiidt, MD
Office of Strategic Integration



Tracy Gaudet, MD (OPCC)



What is under *Operations*?

Clinical Operations

- Homelessness
- Surgical Services
- Primary Care Operations
- Geriatrics & Extended Care
- Mental Health Operations
- Supply Processing & Distrib
- Dental
- Disability Management
- Rural Health Operations

Administrative Operations

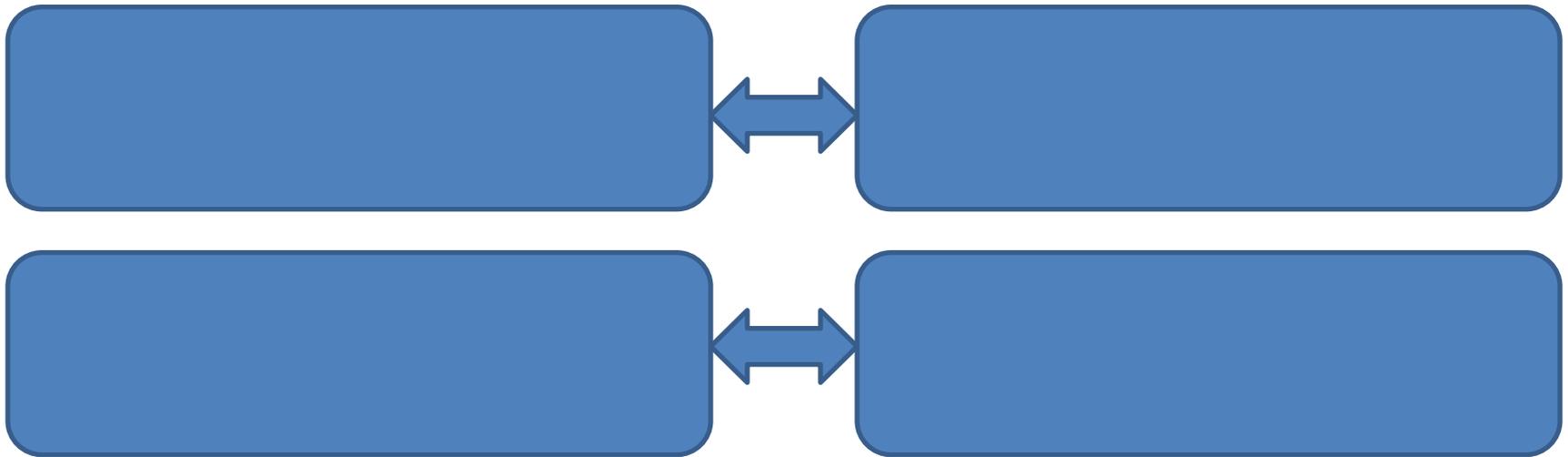
- Emergency Management
- Procurement & Logistics
- Network Support
- Healthcare Engineering
- Capital Asset Management
- Veterans Canteen Service
- Environmental Programs
- Occup Safety & Hlth Mgmt
- Healthcare Tech Mgmt
- Business Operations



Some Built-in Crosstalk Examples

Policy (Program) Offices

Operations Offices



***Know both sides of the “house”
and who’s on first for what!***

And try to keep up with who’s in what seat...



What is under *Policy*?

- ADUSH for Policy & Planning
- ADUSH for Informatics & Analytics
 - Office of Health Informatics
 - Office of Business Intelligence (OABI)
 - Office of Health Information Governance
- Office of Patient Care Services
- Office of Public Health
- Office of Intergovernmental Affairs
- Office of Readjustment Counseling
- Office of Health Information
- Office of Ethics
- Office of Research & Development



Gail Graham, MD (OIA)



Stephan Fihn, MD, MPH (OABI)



Joe Francis, MD, MPH (OABI)



Office of Patient Care Services

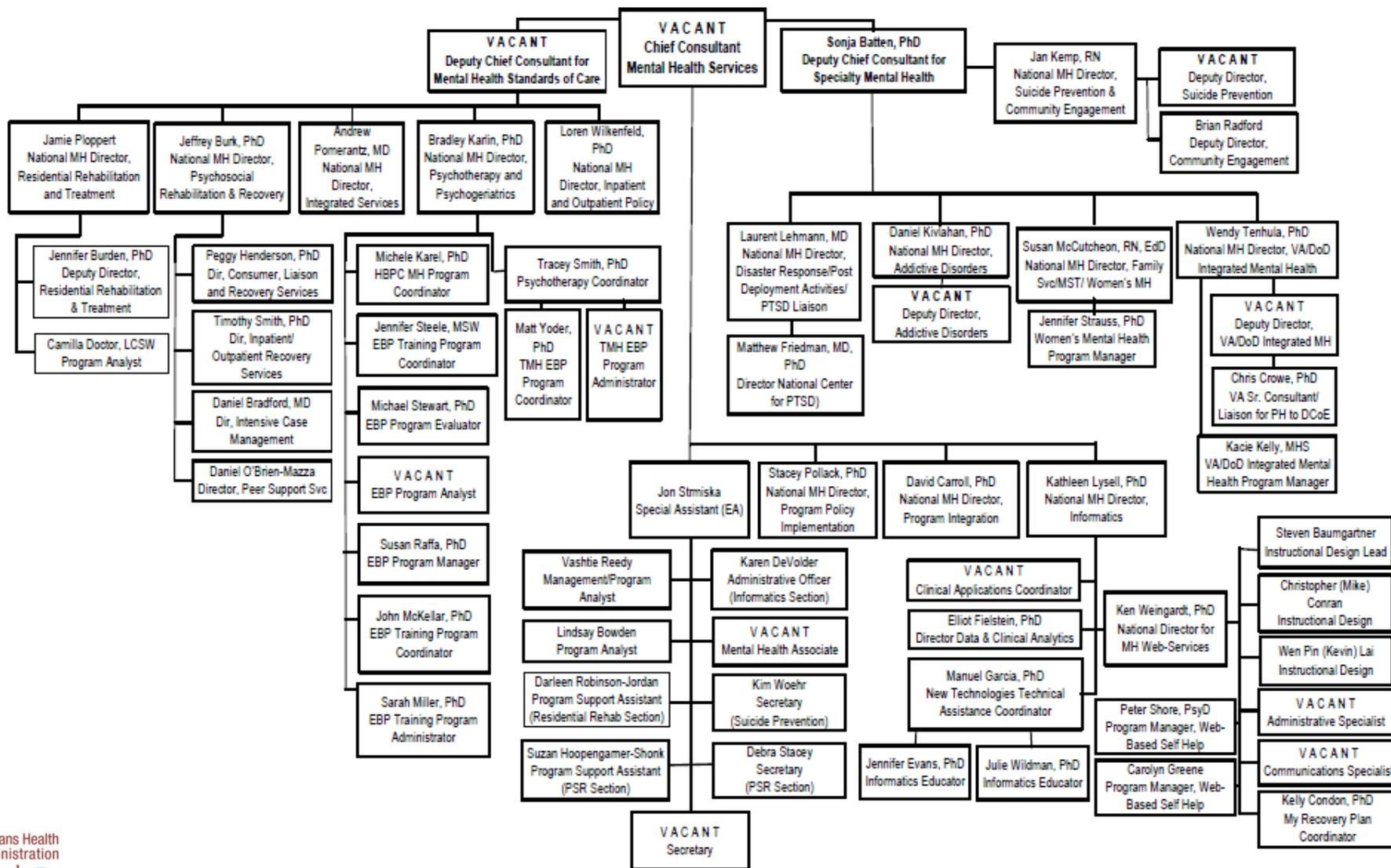


Rajiv Jain, MD

- Care coordination
- Care management
- Diagnostic services
- Geriatrics/extended care
- Prosthetics
- Medical-legal
- National Center for Health Promotion & Disease Prevention
- Primary care
- Mental health
- Specialty care
- Women's health
- Rehabilitation
- Spinal cord injury
- Pharmacy benefits
- ...and more!

And if that wasn't complicated enough...

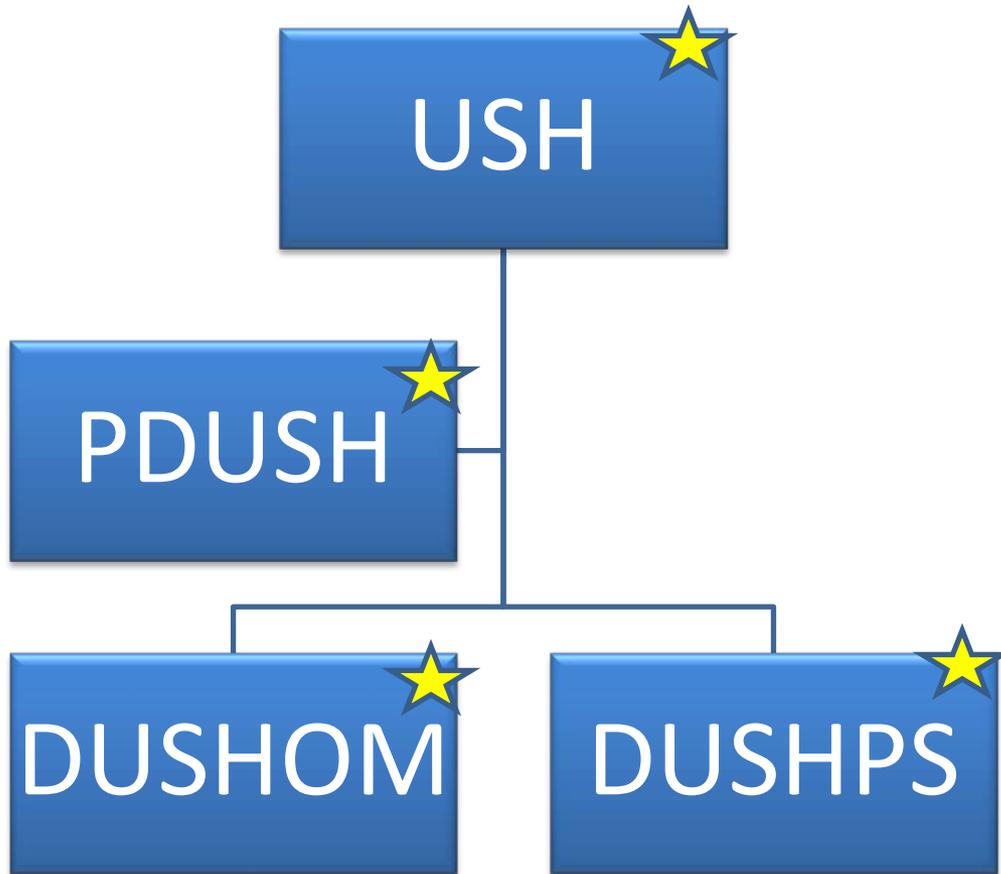
Mental Health Services (10P4M)



And don't forget *above* USH

- VA = Office of the Secretary (cabinet-level)
 - VHA = VA healthcare system (under VA)
- SecVA transformational initiatives (T21)
- Policy & Planning at VA *and* VHA levels
- Communications at VA *and* VHA levels
- Office of Information & Technology at VA *level*
- Congressional and VSO liaisons at VA *level*

Where does your work fit?



TIDES* as Case Example

- Primary care
- Mental health
- VISN-level care managers
- Informatics/feedback
- Performance measures (+ change)
- Nursing supervision
- Employee education

*TIDES = Translating Interventions for Depression into Effective Care Solutions (QUERI funded implementation study) (Lisa Rubenstein PI & Ed Chaney Co-PI)



Where does your work fit?

- **Patient Aligned Care Teams (PACT)**
 - Office of Patient Care Services (Primary Care)
 - Office of Primary Care Clinical Operations
 - Primary care-mental health integration
 - Office of Patient Centered Care & Cultural Transformation
 - Office of Healthcare Transformation
 - Office of Specialty Care Services
 - Office of Telehealth
 - And more...



Where does your work fit?

- **Women's health**

- Office of Patient Care Services (used to be Office of Public Health & Environmental Hazards)
 - Women's Health Services (used to be Women Veterans Health Strategic Health Care Group)
- Office of Analytics & Business Intelligence
 - Performance measures – gender disparities in quality
- Office of Academic Affiliations
 - VA Women's Health Fellowships
- Office of the Secretary
 - Women Veterans Task Force
- VSOs, State Veterans Commissions, and more...



Enough to make you dizzy...



- Essential for you to get at least a general notion of players in your research area
- Examples:
 - Shouldn't try to do **diabetes research** without knowing about *Diabetes QUERI*
 - Shouldn't try to do **PTSD research** without knowing about the *National Center for PTSD*
 - Shouldn't try to do **mental health (MH) research** without knowing about *MH QUERI, Office of MH Services, MH Operations, VA-DoD Integrated MH Strategic Plan*, etc.



What does it mean to “partner”?

- **Partnering** is today’s *active* term for what used to be (and still is) called “dissemination”
- Dissemination is typically *one-way* (**us to them**)
 - Finish a study, send the final report around, publish a paper and hope someone reads it...and pray they will do something with it



What does it mean to “partner”?

- Partnering can take many shapes and forms
- Need to determine **what it is you need** from each partner
 - Special knowledge (e.g., directives, new initiatives)
 - Entré to clinical care area
 - Resources (e.g., human, financial, IT)
 - Influence and support (i.e., help open doors, give you credibility, push you on your ideas)
 - A different form of mentorship



Influence and Support Matrix

Level of Support

HIGH

The “Choir”



The “Change Agents”



LOW

The “Statues”



The “White-Aughts”



LOW

HIGH

Level of Influence



What does it mean to “partner”?



Passive dissemination

“Intermittent reinforcement”

Full immersion



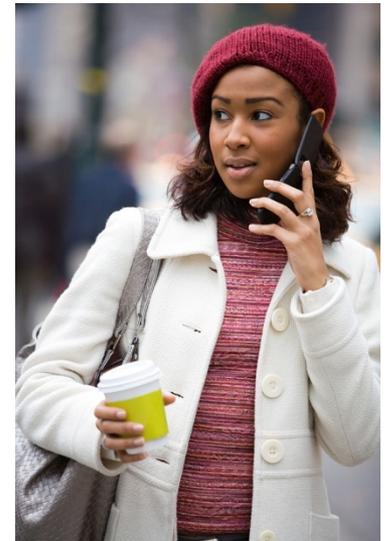
Where are you now?
Where do you need to be?
How do you get there?

And are you sure you need to go there right now?



How do I know if I'm ready to be doing partnered research?

- **How aligned is your topic area and stage with current (or planned) VA priorities?**
 - Do I even know what those priorities are?
 - How do I go about finding them out?
 - Who should help me on that journey?
 - Who else might you bump into?



How do I know if I'm ready to be doing partnered research?

- **What if my work is not aligned with VA priorities? *Am I doomed?***
 - No, but you need to be strategic moving forward
 - Scientific reviewers remain interested *in your science*
 - Some funding streams may be less available, others more
 - Explore why your work is not aligned
 - Foundational – descriptive epidemiology, patterns of care
 - Too early – VA will be excited down the line...
 - Misstep – pediatrics and child health is your thing...or are you just a *step ahead of the curve?*



What does it take to start a partnership at an early career stage?

- Get help from your **mentor(s)** (or their mentors)
- Develop a **collaborative social network** of others in your area of research
- **Go to clinic** – learn about the issues that are facing frontline providers, managers, others
- Sit in on one or more **VISN and/or facility meetings** as a guest (or even a VHA workgroup)
- Learn the **language and priorities** of those working clinically and administratively



What does it take to start a partnership at your career stage?

- **Take a step back and self-assess**
 - What do you bring to the table in a partnership?
 - Strong knowledge of the literature / field of research
 - Strong conceptualization of the issues / problems
 - Strong existing skillmix and fresh training
 - Armed with mentors to guide you (less likely to be a “cowboy/girl” or “loose cannon”...?)
 - Come from a known quantity (HSR&D)
 - Eager to solve an important problem
 - Fully paid VA employee (aka “free” for a time)



What does it take to start a partnership at your career stage?

- **Take a step back and self-assess**
 - What are your challenges?
 - I like working with computers, not people
 - I know what my research means outside the VA, better than inside the VA
 - I really **am** a cowboy/girl...and I have loose cannon days
 - My potential partners are difficult people
 - I will get “eaten alive” by operations
 - They will take my ideas and I’ll lose control



How do you engage/support partners?

- *Local* resources shape participation
 - Understand time demands, staffing resources
 - Determine prior experience with researchers
 - Can you develop tools/resources to help?
- Develop materials to orient partners
 - Slidesets, handouts, FAQs, posters, pocket cards...
- Get message right and repeat exposures
- Power of informal marketing, relationships
- Understand preferred communication modes



How do you engage/support partners?

- Colleagues/peers are best teachers/marketers
- Practice your most compelling argument
 - Explain how research will benefit providers
 - Demonstrate “no harm”
 - Document impacts on quality, costs
- Identify accountable stakeholders
 - Determine their issues and how they relate to your research
 - Understand their perspectives



Partnership: Who's in Charge?

- **Control is an illusion** → need to maintain communication, flexibility, adaptability
 - **Ex:** CO adds other interventions to policy spreading your multiple RCT-supported intervention
 - **Ex:** Pilot operations grants build on your research proposal components before you even start project
 - **Ex:** Implementation trial waiting for local R&D but event requires immediate launch in randomized site
 - **Ex:** Multiple offices in CO may be at odds with your research in the middle



Not All Partners are Created Equally but all have a place and perspective...

- Think *influence and support*...
- Remember that success usually requires multi-level effort and relationships
 - Interactions across and within levels complex
- Do not put all “eggs in one basket”
 - Today’s strong partners could “retire” tomorrow
 - Understand the web of relationships, influence
- Partner-oriented research not for the “faint of heart,” not relevant for all research stages



Research has *Staying Power*

- Peer-reviewed literature survives *forever...*
 - Or at least for the next 10-15 years or so
 - Peer review buys objective support for VA
- Building an evidence base may take decades
 - Benefit from standing on shoulders of others
- Partnerships benefit from the stability and careful nature of research trajectories
 - Today's research news may be upended tomorrow
 - Over time, knowledge translation/data = “power” to make a difference



Partnering with Operations & Policy: *Implications for Academic Advancement*

- What does partnering get you in promotions?
 - Depends on your university
 - Not a substitution for papers (# or caliber)
 - Not a substitution for grants (# or caliber)
 - Need to balance potential “time sink” (service) with *potential impacts* at your career stage
 - Work with mentor(s) to determine how far you can go → get their “protection” as needed
 - Be able to document/demonstrate *impact*



Value of Partnering

- Opportunity for making a difference is why we're doing all of this to begin with, right?
 - Knowledge for sake of knowledge alone...*why be in VA?*
- Learning from partners (and having to defend our ideas)
 - Hones our skills and abilities
 - Strengthens research trajectory (proposal signif ↑)
 - Increases potential for research impact on practice, policy and performance (quality, outcomes, costs)

Just don't dive into the deep end of the pool without a lifeguard!

