Partnering with Health Systems Leadership to Develop a Randomized, Controlled Implementation Trial

Mark S. Bauer, MD
VA Center for Healthcare Organization & Implementation Research (CHOIR)
& the VA QUERI for Team Based Behavioral Health

Kendra Weaver, PsyD
Senior Consultant, Mental Health Clinical Operations
VHA Office of Mental Health Operations (OMHO)/10NC5
Poll #1: Who’s Here?

What is your primary healthcare role?

- Researcher
- Operations, VACO-based
- Clinician, mental health
- Clinician, primary care
- Other
Presentation Objectives

1. Understand the rationale for partnerships between academic researchers and operational leadership in developing controlled implementation trials.
2. Recognize the differences between truly partnered protocol development and task orders.
3. Identify complexities, and solutions, in reconciling differences in academic-operational priorities, methods, and perspectives.
Agenda

• BHIP: Background on the Operational Initiative

• The QUERI/OMHO BHIP-CCM Enhancement Project

• Partnering: Where the Rubber Meets the Road

• BHIP-CCM Scale Up and Spread
Agenda

• **BHIP: Background on the Operational Initiative**

• The QUERI/OMHO BHIP-CCM Enhancement Project

• Partnering: Where the Rubber Meets the Road

• BHIP-CCM Scale Up and Spread
What is BHIP?

A Behavioral Health Interdisciplinary Program (BHIP) team is a group of mental health professionals (providers and clerical staff) working together to focus on the Veteran’s mental health and well-being.

BHIP promotes proactive, integrated, comprehensive outpatient general MH care through engaged & effective teams— to facilitate improved Veteran health status:

- **Collaborative:** Increased provider collaboration and improved work processes
- **Veteran-Centered:** Increased Veteran access to recovery-oriented, evidence-based care
- **Coordinated:** Improved coordination and continuity of care

<table>
<thead>
<tr>
<th>Employee Category</th>
<th>FTEE for MH Team Panel Size of 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total MH Clinician: Licensed Independent Providers (LIP)/Autonomous Providers</td>
<td>5.1-5.5</td>
</tr>
<tr>
<td>Admin. Clerical Support</td>
<td>0.5-1</td>
</tr>
<tr>
<td>Non-LIPs</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total FTEE</strong></td>
<td><strong>6.6-7.5</strong></td>
</tr>
</tbody>
</table>
**BHIP Background**

- In November 2011, VHA committed to developing an outpatient mental health staffing model to ensure adequate general outpatient MH staffing and timely access to care
- Historically, facilities had flexibility to determine staffing mix based on local resources & needs
- Since FY05, there had been substantial growth in MH treatment demand (outpacing overall VA growth)

**Growth in FTE compared to Growth in MH patients**

- Initial focus was on developing pilot staffing guidance for general mental health (GMH), with the intent to build an overall, comprehensive MH staffing model, encompassing all of MH
BHIPS within MH Continuum of Care

- Self-Referral
- Community Referral
- Primary Care
- PC-MHI

GMH
- Intake Assessment
- Medication Management

BHIP
- Individual Psychotherapy (incl. EBP)
- Group Psychotherapy
- Case/Care Management

Primary
- General MH

Secondary
- PCT
- SUD IOP
- PRRC
- ICMHR
  - RRTP
  - Inpatient Care
  - Emergent Care
### BHIP Team-Based Care: It’s About Relationships

#### Listening to Veterans
- Proactive, personalized, patient-centered care
- Improved access
- Improved coordination and continuity
- Recovery orientation
- The right care, at the right time, every time

#### Working Together
- Team member relationships that prioritize communication
- Everyone contributes unique strengths and expertise for integrated and coordinated care
- Team members offer each other support and coverage

#### Staying Connected
- Long term relationships among MH team including the Veteran
- Continuity of care (no one is “lost”)
- Transparency
  - Track patient visits, symptoms, and needs
  - Identify and support local innovation
  - Gather feedback for improvement
**BHIP Implementation Efforts**

**Initiative Implementation Stages**

- **VISN Pilots (FY13)**
  - VACO Memo (Aug 2013)- Form 1 team per facility

- **Learning Collaborative (FY14)**
  - Maintain 1 team per facility

- **Model Clarification: Collaborative Care Model--CCM (FY15)**

- **BHIP Enhancement Project (FY16)**
  - Incorporate evidence-based CCM Elements into BHIP Team Practice via Transformational Coaching

- **National BHIP/CCM Rollout (FY17)**

**Implementation Resource Development**

- **SharePoint and National Calls**

- **SharePoint, National Calls, Panel Mgmt Tool (v1), BHIP Workgroups**

- **SharePoint, National Calls, Case Studies prep, Panel Mgmt Tool (v2), Workgroups, BHIP Simulation**

- **SharePoint, National Calls, Panel Mgmt Tool (v2), Workgroups, BHIP Simulation, Pulse, Community of Practice, National Rollout BHIP CCM**
BHIP Positive Impacts

Voluntary Expansion of BHIP Implementation

Teams are interdisciplinary & meet regularly

Increased focus on teamwork, access & patient care transitions

Over time increased:
- # BHIP teams
- # Veterans assigned
- # Staff FTEE assigned

Improved Veteran access & treatment engagement

Higher staff-reported quality of care

Improved:
- Staff relationships, communication, collaboration, & continuity of care

Increased:
- # SOPs for same-day access
- # SOPs between levels of MH care

BHIP Learning Collaborative teams:
- Team function
- Role Clarity
- Communication
- Signs of improved access (MOR, new patient)

Improved treatment engagement for patients:
- Depression-diagnosed
- PTSD-diagnosed
- SMI-diagnosed
BHIP Potential Mechanisms: Fostering Team-based Collaboration Leads to Improved Care

Regular BHIP team meetings with interdisciplinary coworkers benefit Veterans & staff, promoting:

- Improved treatment planning & care
- Improved staff morale
- Increased teamwork
- More staff discussion & information sharing
- Increased sense of support from other staff
- Greater coordination of care
- Platform for supporting VACO/local Mental Health Initiatives
What The Field Has Been Asking For...

Additional national-level resources for BHIP implementation
- Clearer expectations on functions & tasks of BHIP teams
- Clearer role expectations for BHIP team members

How to garner greater facility leadership support & focus on BHIP implementation
Enter: the Collaborative Care Model (CCM)

**Insight:** Single component models don’t improve outcome in chronic illness

**Response:** Develop a coherent multi component model (CCM)

**Evidence:** Works in chronic medical illnesses treated in primary care

**Evidence:** Works in depression treated in primary care

**Evidence:** Works in a broad spectrum of MH conditions treated in specialty MH settings

(Wagner et al, 1996, ...et seq)
### CCM Elements

**CCM Goal:** Anticipatory, Continuous, Evidence-Based, Collaborative Care via…

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Care management</td>
<td>• Focus on the individual’s values and skills</td>
<td>• Provider education</td>
<td><em>Population:</em></td>
<td>• Additional resources</td>
<td></td>
</tr>
<tr>
<td>• Need-driven access</td>
<td>• Shared decision-making</td>
<td>• Practice guidelines</td>
<td><em>Provider:</em></td>
<td>• Peer-based support</td>
<td></td>
</tr>
<tr>
<td>• Activated follow-up</td>
<td>• Self-mgt skills</td>
<td>• Specialty consultation</td>
<td><em>Outcome tracking</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Recovery-orientation</td>
<td></td>
<td><em>Feedback</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Population:**
  - Registry

- **Provider:**
  - Outcome tracking
  - Feedback
BHIP-CCM Team-Based Care: Outpatient General Mental Health Care

Behavioral Health Interdisciplinary Program Team-Based Care: Fostering Evidence-Based Teams through the Collaborative Care Model

- Collaborative: Engaged & effective teams, Shared strengths, expertise, and decision-making, Improved work processes
- Veteran Centered: Veteran-driven goals, Recovery-oriented care, Evidence-based treatment
- Coordinated: Access to care, Continuity of care, Managed care transitions

Work Role Redesign (CCM-2)  Provider Decision Support (CCM-4)  Community Linkages (CCM-6)
Veteran Self-Management Support (CCM-3)  Information Management (CCM-5)
Organization & Leadership Support (CCM-1)
### With Integration of CCM, BHIP Can Help Meet VA’s Current Highest Priorities

<table>
<thead>
<tr>
<th>VA Goal</th>
<th>BHIP Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>❖ BHIP Pillar: Access/Care Coordination</td>
</tr>
<tr>
<td></td>
<td>❖ CCM-2: Anticipatory, Continuous Care through Process Redesign</td>
</tr>
<tr>
<td>Employee Engagement</td>
<td>❖ BHIP Pillar: Collaborative Teams</td>
</tr>
<tr>
<td></td>
<td>❖ CCM-1: Organization &amp; Leadership Support</td>
</tr>
<tr>
<td>Building a high-performance healthcare network</td>
<td>❖ BHIP Pillar: Access/Care Coordination</td>
</tr>
<tr>
<td></td>
<td>❖ CCM-4: Provider Decision Support</td>
</tr>
<tr>
<td></td>
<td>❖ CCM-6: Community Linkages</td>
</tr>
<tr>
<td>Business Practices</td>
<td>❖ BHIP Pillar: Access/Care Coordination</td>
</tr>
<tr>
<td></td>
<td>❖ CCM-5: Managing Information about BHIP Veterans</td>
</tr>
<tr>
<td>Veterans First: Trust in VA Care</td>
<td>❖ BHIP Pillar: Veteran-Centric Care</td>
</tr>
<tr>
<td></td>
<td>❖ CCM-3: Self-Management Skills</td>
</tr>
</tbody>
</table>
### MH Service Goals Before and After BHIP Team Rollout

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some providers may be practicing individually in discipline-specific or specialty-specific silos</td>
<td>Interdisciplinary, team-based care</td>
</tr>
<tr>
<td>Some providers may not be practicing at the top of their license/scope of practice</td>
<td>Practicing closer to top of license/scope</td>
</tr>
<tr>
<td>Admin support varies widely across the system</td>
<td>More consistent admin support for teams</td>
</tr>
<tr>
<td>Often there is limited or no dedicated time for indirect patient care activities</td>
<td>Dedicated time for indirect patient care activities</td>
</tr>
<tr>
<td>Care transition leads to multiple, duplicative consults across specialties</td>
<td>Care transition is collaborative, anticipated, and goal-oriented</td>
</tr>
</tbody>
</table>
Agenda

• BHIP: Background on the Operational Initiative

• The QUERI/OMHO BHIP-CCM Enhancement Project

• Partnering: Where the Rubber Meets the Road

• BHIP-CCM Scale Up and Spread
BHIP Enhancement Project: Overview / Aims

Office of Mental Health Operations operational initiative

– **Goal:** Establish team-based care in all general MH clinics in VA
– 2015: OMHO adopted the Collaborative Chronic Care Model (CCM) as the model for BHIP teams

QUERI project: *Randomized controlled trial* of “blended facilitation” to help this happen (9 sites)
Hypotheses:

Facilitation $\rightarrow$ CCM-ness $\rightarrow$ improved outcomes:

- Veteran health status, perceptions of care
- Provider perceptions of CCM-ness
- Administrative measures of fidelity to BHIP/CCM
Study Design

- “Stepped wedge” design (see next slide)
- Add *blended facilitation* to enhanced technical assistance
  - *External Facilitator* [study staff] partners with *Internal Facilitator* [facility staff]
  - Pre-site visit assessment
  - 1.5-day site visit
  - Regular phone/video meetings for 12 months: team-building & process redesign
- Workbook-guided: *BHIP Enhancement Guide*
Stepped Wedge Design
BHIP Enhancement Project: A 12-month Quality Improvement/Research Project

External Facilitation Team

VA Medical Center: Internal Facilitator

External Facilitators conduct baseline site assessment

Optional Research Interview with BHIP providers

Site visit (1.5 days)

Baseline site report to BHIP team, leadership

Regular conference calls with BHIP team, Internal Facilitator

Optional research telephone interviews with Veterans

Program evaluation with BHIP national monitors

Veterans Health Administration

VA Medical Center: Internal Facilitator

External Facilitation Team
BHIP-CCM Enhancement Guide
for blended, virtual facilitation

Behavioral Health Interdisciplinary Program
Collaborative Care Model (BHIP-CCM)
Enhancement Guide

Version 3.1

BHIP Enhancement Project
Sponsored by the Office of Mental Health Operations Quality Enhancement Research Initiative

Mark S. Bauer, MD
Christopher J. Miller, PhD
Bo Kim, PhD

Center for Healthcare Organization & Implementation Research (CHOIR)

Engage Leadership

Establish BHIP Team Membership

Identify Veterans on the BHIP Panel

Develop Within-Team Procedures

Develop Liaison Procedures

Develop Veteran Engagement Procedures

How Do You Know How You’re Doing? (Looking at Data)

Ongoing Review and Update of Processes
Agenda

• BHIP: Background on the Operational Initiative

• The QUERI/OMHO BHIP-CCM Enhancement Project

• Partnering: Where the Rubber Meets the Road

• BHIP-CCM Scale Up and Spread
## The BHIP operational initiative has already begun

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites and Population</td>
<td>Need timely results to inform ongoing process</td>
<td>Sells the project to facilities</td>
</tr>
<tr>
<td></td>
<td>Can capitalize on momentum of the system to engage sites</td>
<td>Increases sustainability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stepped wedge addresses secular trends</td>
</tr>
</tbody>
</table>
## The BHIP operational initiative has already begun

- Need timely results to inform ongoing process
- Can capitalize on momentum of the system to engage sites
- Sells the project to facilities
- Increases sustainability
- Stepped wedge addresses secular trends

## Identifying the population of facilities to target

- Slower-to-adopt facilities are focus
- Avoid ceiling effects (high performers) and insufficient commitment to change (laggards)
# Partnering... Where the Rubber Meets the Road

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sites and Population</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| The BHIP operational initiative has already begun | • Need timely results to inform ongoing process  
• Can capitalize on momentum of the system to engage sites | • Sells the project to facilities  
• Increases sustainability  
• Stepped wedge addresses secular trends |
| Identifying the population of facilities to target | • Slower-to-adopt facilities are focus | • Avoid ceiling effects (high performers) and insufficient commitment to change (laggards) |
| Site recruiting | • National & regional communications structure enhances facility identification and endorses the project | • Provides access beyond “usual suspect” and “friends of friends” facilities to enhance external validity |
Poll #2: Sites and Populations

We’ve discussed *identifying sites and populations* with our operations/research partners and resolved them...

- ...easily.
- ...and it took longer and was harder than expected.
- ...and we’re still working on it.
- We’ve not had the occasion to have such conversations (*yet*...).
## Design Element

### Operational Considerations

- Justifies the project on policy level
- Can be a site recruiting tool

### Researcher Considerations

- Stepped wedge accommodates this
- Design supports formative evaluation

### Intervention & Design

<table>
<thead>
<tr>
<th>All sites to receive implementation support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Justifies the project on policy level</td>
</tr>
<tr>
<td>• Can be a site recruiting tool</td>
</tr>
</tbody>
</table>
### Partnering...
*Where the Rubber Meets the Road*

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
</table>
| **All sites to receive implementation support** | • Justifies the project on policy level  
• Can be a site recruiting tool | • Stepped wedge accommodates this  
• Design supports formative evaluation |
<p>| <strong>Balance in randomization</strong> | • Experience-based expertise contributes identifying characteristics of success | • Sophisticated algorithm for balancing |</p>
<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All sites to receive</strong></td>
<td>• Justifies the project on policy level</td>
<td>• Stepped wedge accommodates this</td>
</tr>
<tr>
<td><strong>implementation support</strong></td>
<td>• Can be a site recruiting tool</td>
<td>• Design supports formative evaluation</td>
</tr>
<tr>
<td><strong>Balance in randomization</strong></td>
<td>• Experience-based expertise contributes identifying characteristics of success</td>
<td>• Sophisticated algorithm for balancing</td>
</tr>
<tr>
<td><strong>Control condition</strong></td>
<td>• Sites seek as much support as possible, as soon as possible</td>
<td>• Researchers need a credible contrast condition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Need to engage later sites</td>
</tr>
</tbody>
</table>
### Partnering...
**Where the Rubber Meets the Road**

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
</table>
| **All sites to receive implementation support** | • Justifies the project on policy level  
• Can be a site recruiting tool          | • Stepped wedge accommodates this  
• Design supports formative evaluation   |
| **Balance in randomization**            | • Experience-based expertise contributes identifying characteristics of success        | • Sophisticated algorithm for balancing                                                  |
| **Control condition**                  | • Sites seek as much support as possible, as soon as possible                             | • Researchers need a credible contrast condition  
• Need to engage later sites            |
| **Length of implementation support**   | • Experience-based expertise suggests one year needed                                    | • Timeliness requires steps in wedge of four months                                       |
### Partnering...
**Where the Rubber Meets the Road**

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use existing VAMC staff without</td>
<td>• No additional clinical or administrative staff</td>
<td>• Sustainability more likely</td>
</tr>
<tr>
<td>external support</td>
<td></td>
<td>• Distinct scientific contribution beyond RCTs</td>
</tr>
</tbody>
</table>
### Partnering...
Where the Rubber Meets the Road

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use existing VAMC staff without external support</strong></td>
<td>• No additional clinical or administrative staff</td>
<td>• Sustainability more likely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Distinct scientific contribution beyond RCTs</td>
</tr>
<tr>
<td><strong>Quality improvement vs. research</strong></td>
<td>• A facility’s participation in this implementation project is optional</td>
<td>• Providers can choose not to participate in qualitative interviews.</td>
</tr>
<tr>
<td></td>
<td>• Staff participation in their facility’s BHIP is not optional</td>
<td>• Veterans can choose not to participate in health status and perception of care assessments.</td>
</tr>
</tbody>
</table>
**Intervention & Study Design (cont)**

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use existing VAMC staff without external support</td>
<td>• No additional clinical or administrative staff</td>
<td>• Sustainability more likely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Distinct scientific contribution beyond RCTs</td>
</tr>
<tr>
<td>Quality improvement vs. research</td>
<td>• A facility’s participation in this implementation project is optional</td>
<td>• Providers can choose not to participate in qualitative interviews.</td>
</tr>
<tr>
<td></td>
<td>• Staff participation in their facility’s BHIP is not optional</td>
<td>• Veterans can choose not to participate in health status and perception of care assessments.</td>
</tr>
<tr>
<td>Videoconference and telephone for external facilitation</td>
<td>• Budget will not support frequent site visits by external facilitators</td>
<td>• Provides greater likelihood of spread of intervention strategy</td>
</tr>
</tbody>
</table>
Poll #3: Intervention and Study Design

We’ve discussed *intervention development and study design* with our operations/research partners and resolved them...

• ...easily.
• ...and it took longer and was harder than expected.
• ...and we’re still working on it.
• We’ve not had the occasion to have such conversations (*yet*...).
### Partnering...
Where the Rubber Meets the Road

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both quality and health status impacts are important</td>
<td>• Priorities: (a) whether CCM can be implemented and (b) whether CCM-guided BHIP teams have impact on health care outcomes</td>
<td>• Hybrid Type III designs address implementation &amp; health status outcomes</td>
</tr>
</tbody>
</table>

Outcome Assessment & Analysis
### Design Element | Operational Considerations | Researcher Considerations
--- | --- | ---
**Outcome Assessment & Analysis**

Both quality and health status impacts are important

- Priorities: (a) whether CCM can be implemented and (b) whether CCM-guided BHIP teams have impact on health care outcomes

Outcome domains and appropriate instruments

- Program fidelity measures must be streamlined and benchmarked against national data

- Hybrid Type III designs address implementation & health status outcomes

- Patient-level measures must be psychometrically valid and feasible
## Partnering... Where the Rubber Meets the Road

<table>
<thead>
<tr>
<th>Design Element</th>
<th>Operational Considerations</th>
<th>Researcher Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Both quality and health status impacts are important</strong></td>
<td>• Priorities: (a) whether CCM can be implemented and (b) whether CCM-guided BHIP teams have impact on health care outcomes</td>
<td>• Hybrid Type III designs address implementation &amp; health status outcomes</td>
</tr>
<tr>
<td><strong>Outcome domains and appropriate instruments</strong></td>
<td>• Program fidelity measures must be streamlined and benchmarked against national data</td>
<td>• Patient-level measures must be psychometrically valid and feasible</td>
</tr>
<tr>
<td><strong>Analyses must contribute in an operationally useful time frame</strong></td>
<td>• Three-year outcomes help plan strategy for next initiatives, but are too late for tactical improvements</td>
<td>• Design and analysis plan accommodates “early looks” at the data</td>
</tr>
</tbody>
</table>
Poll #4: Outcomes and Analyses

We’ve discussed *outcome methods and analyses* with our operations/research partners and resolved them...

• ...easily.
• ...and it took longer and was harder than expected.
• ...and we’re still working on it.
• We’ve not had the occasion to have such conversations (*yet*...).
Agenda

• BHIP: Background on the Operational Initiative

• The QUERI/OMHO BHIP-CCM Enhancement Project

• Partnering: Where the Rubber Meets the Road

• **BHIP-CCM Scale Up and Spread**
The future: FY17-19 BHIP-CCM National Transformational Coaching Rollout

National Scale-up of BHIP Enhancement Project

- **Goal:** Establish national, scalable, sustainable support structure for implementing evidence-based BHIP-CCM (rollout 30+ facilities by EOFY17; all facilities by EOFY19)
- **Expected Outcome:** Utilize external/internal facilitation to promote implementation of CCM-based BHIP teams which improve Veteran health status and satisfaction with care

“Partnering with health system operations leadership to develop a controlled implementation trial”

*Implementation Science* 2016; 11:22
Contact Information

Mark S. Bauer, MD
VA Center for Healthcare Organization & Implementation Research (CHOIR) & the VA QUERI for Team-Based Behavioral Health
Mark.Bauer@va.gov

Kendra Weaver, PsyD
Senior Consultant, Mental Health Clinical Operations
VHA Office of Mental Health Operations (OMHO)/10NC5
Kendra.Weaver@va.gov
Questions?
Upcoming Presentation...

Tuesday, January 24th at 12pm ET

User-Centered Reporting for Frontline MOVE! Providers: Aiming for Pyramid Analytics and Ending up in Excel

Laura Damschroder, MS, MPH | Caitlin Kelley, MSI | Jennifer (Davis) Burns
VA HSR&D Center for Clinical Management Research (CCMR)