



Using Data & Information Systems in Partnered Research Cyberseminar Series

Presentations from the field focusing on VA data use in quality improvement and operations-research partnerships.

Topics

- Use of VA data and information systems in QUERI Projects and Partnered Evaluation Initiatives
- Operational data resources and QI-related data
- Challenges in using and managing multiple data sources
- VA resources to support data use
- Experiences working within operations/research partnerships



Using Data & Information Systems in Partnered Research – FY21

Third Tuesday of the month | 12:00 – 1:00 PM ET

Date	Topic
11/17/20	<u>Using VA data and information systems to support the ORH TeleSleep Enterprise Wide Initiative (a QUERI/Operational Partnership)</u>

Select a title to register or visit HSR&D’s VIREC Cyberseminar Archive to watch previous sessions:

<https://www.hsr.d.research.va.gov/cyberseminars/catalog-archive-virec.cfm?SeriesSortParam=y&SeriesIDz=91>

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VA HSR&D

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VIReC Partnered Research Cyberseminar Series

VA's Embedded Research Workforce and Operational Partnerships: Lessons Learned on the Path to VA as a Learning Healthcare System

Elizabeth Yano, PhD, MSPH

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

VA HSR&D Women's Health Research Network (Consortium)

UCLA Fielding School of Public Health and UCLA Geffen School of Medicine

The objectives of this cyberseminar are to:

- To briefly orient attendees to the VA and its research enterprise, including an overview of its embedded research workforce;
- To review types of research-operational partnerships and different approaches to their multilevel engagement; and,
- To discuss lessons learned from these partnerships on the path to enhancing research impacts and VA as a learning healthcare system.

Session roadmap

- VA health care system's long history of research
- Overview of embedded research workforce in VA
- Types of research-operational partnerships and approaches to their multilevel engagement
- Examples of research partnerships and lessons drawn from them
- Implications for increasing research impacts and designing future work

Poll #1: Your role as a data user

- What is your role in research and/or quality improvement?
 - Investigator, PI, Co-I
 - Data manager, analyst, or programmer
 - Project coordinator
 - Other – please describe via the Q&A function



Poll #2: Your experience with VA data

How many years of experience do you have working with VA data?

- One year or less
- More than 1, less than 3 years
- At least 3, less than 7 years
- At least 7, less than 10 years
- 10 years or more



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VA Health Care System has long history of research

- **Largest integrated healthcare delivery system in US**
 - System providers/staff deliver a full array of healthcare services in >1,200 sites in all 50 states and US territories
- **VA has a long history of intramural and extramural research**
 - Originally designed to recruit best clinicians for Veterans' care
 - Currently over \$1B of research conducted at VA each year
 - VA health services research budget ↑ over time, increasingly aligned with VA priorities
- **Support for research training and career development**

VA Health Services Research & Development

- **Advance knowledge and promote innovations to improve health and care of Veterans and the nation**
 - Identify, evaluate, and rapidly implement evidence-based strategies that improve the quality and safety of care delivered to Veterans
 - VA healthcare system and network of community care is real world “laboratory” for health services researchers
 - Learning healthcare system, high reliability organization principles
 - Includes Quality Enhancement Research Institute (QUERI)
- **~1,000 funded researchers addressing issues critical for Veterans and the VA healthcare system**
 - ↑ emphasis on VA priorities, demonstrated operations partnerships
 - Updated VA HSR&D priorities (e.g., suicide prevention, access)

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Embedded Research

- **Health systems and organizations seeking to achieve Learning Healthcare System (LHS) principles increasingly rely on *embedded research teams***
 - Embedded researchers are employed by the system, collaborate with system stakeholders, often work clinically within the system
 - Optimize delivery of evidence-based, high-quality care capable of improving patient and staff experience alike (quadruple aim)
- **LHS principles rely on functional research-operations partnerships**
 - Limited guidance on how to make these partnerships work

Embedded Research Workforce in VA

- **Comprised of clinician researchers and social scientists**
 - Knowledgeable of needs of Veterans and delivery system
 - Clinicians get “protected time” for research (mitigation formulas)
 - Social scientists get salary from research and/or operations funding
 - Most have academic appointments in affiliated universities/schools
- **Clinical leaders, innovators and other implementers**
 - Including systems redesign, systems engineering, improvement staff
 - Sometimes trained in research, sometimes act as research partners
- **↑ emphasis on consortia and research networks**
 - Multi-center, team science, stakeholder-partnered and engaged

Mix of Operations & Research Funding

- **Both operations and traditional research funding available**
 - Local, regional and national operations funding for evaluation work
 - VA health services research investigator-initiated research, pilots
 - Other federal non-VA and non-federal grants
- **VA Quality Enhancement Research Initiative (QUERI)**
 - Tests strategies for moving evidence into practice
 - Funds randomized program evaluations partnered with operations
 - Mix of planning grants, pilots, RCTs and spread strategies

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What does it mean to “partner”?

- **Not about dissemination** (passive, one-way, us to them)
 - Finish a study, send the final report around, publish a paper and hope someone reads it...and pray they do something with it
- **Determine what it is you need from each partner**
 - Special knowledge (e.g., directives, new initiatives)
 - Entré to clinical care area(s)
 - Resources (e.g., human, financial, IT)
 - Influence and support (open doors)
 - A different form of mentorship
 - Authorship of new policy(ies)
 - Readiness to implement



Approaches to Partner Engagement



Types of Research-Operational Partnerships

- **VA National Program Offices**

- Direct funding opportunities (e.g., RFAs, MOUs, informal networks)
- Links to research consortia (e.g., WHRN, COREs, PROVEN)
- HSR&D Researcher-in-Residence Program

- **VISN Partnerships**

- Direct funding through Executive Decision Memos (EDM)
- VISN Career Development Award (CDA) programs (e.g., VISN 1)
- QUERI VISN Partnered Implementation Initiative grants

- **Local Partnerships**

- *Example:* GLA Evaluation & Decision Support Unit
- Including individual innovators (e.g., telehealth during COVID-19)

Approaches to Multilevel Engagement

- **“Cold call” the hardest but sometimes necessary**
 - Become familiar with VA priorities and partner’s goals/needs (read policies and other documents, participate in committees)
 - Learn language of those working clinically and administratively
 - Go to the clinical care area of interest – learn about issues facing frontline providers ,managers, patients, others
 - Know how will your work support the partner’s goals explicitly
 - Know what you bring to the table (e.g., topic expertise, skills)
 - Do not email saying “I need a letter from you asap” for *my* work
 - Be proactive, plan ahead, be respectful of competing demands
 - Be aware partner may already have engaged others (overlap?)
 - Remember you come from a known quantity (HSR&D/QUERI)

Approaches to Multilevel Engagement

- **“Warm handoff” by another credible partner**
 - Understand relationships among partners, organizational roles (is the known partner valued/trusted by the partner you are seeking?)
 - Get vetted, provide qualifications, demonstrate track record
 - Have a plan for communicating effectively and efficiently (don't waste anyone's time, represent credible partner well)
 - Develop advance materials to orient partner and/or provide after gauging interest, readiness to engage, understand specific needs
 - Get message right and repeat as needed (without being intrusive) – practice most compelling argument, demonstrate no harm
 - Adapt message for the right organizational level – VHA, VISN, VAMC and frontline providers/staff all likely care about different things

Multilevel Engagement Considerations

- **Not all levels need the same degree of engagement**
 - Be clear on what is needed at each stakeholder level
 - Quantity of time spent \neq quality of engagement
 - Agree upon a communication/feedback plan (content, frequency)
- **Some models of stakeholder engagement focus on shared power**
 - Unless you run the organization, you will never share the same power (or responsibility) as a VAMC, VISN, or VHA director
 - Modified Delphi panel techniques help level the playing field (multilevel but use pre-panel surveys to aggregate areas of agreement and disagreement for group discussion)

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Example: VA Women's Health CREATE

- **HSR&D required operational partnerships at outset**
- **Collaboratively set impact goal, designed 3-5 studies**
 - Overarching partnership with VA Women's Health Services
 - Study-specific partnerships (e.g., National Radiology Office for chart-review of mammography follow-up)
 - Researchers had high degree of partner access, engagement (problem solving, early findings, promise of implementation)
 - Action on vetted results well before publication
- **Partnered research initiative was highly successful**
 - Yielded traditional research markers of success (e.g., >30 papers)
 - Yielded substantial impacts on practice and policy

What lessons did we takeaway?

- **When research findings directly meet partner needs...**
 - Additional funding may be forthcoming
 - “Access crisis” in 2nd year of CREATE – partner wanted year 3 focus groups of women Veterans leaving VA done right away
 - Partners funded spinoff work to conduct qualitative interviews of women Veterans using new non-VA care providers
 - Early quality gains reported by participating VAMCs led to partner adoption of EBQI for use in low-performing VAs
 - Researchers pursued QUERI funding to conduct randomized evaluation
- **Regular partner communication key**
 - Organizational and policy contexts change, research can adapt

Example: Women's Health PACT

- **Cluster RCT of an EBQI approach to gender tailor PACT to meet women Veterans' needs (CREATE)**
 - 12 VAMCs in four VISNs → 8 VAMCs randomly assigned to EBQI
 - VHA, VISN, VAMC, clinic level partnerships (“80 new best friends”)
 - Used expert panel approach to come to consensus on “sandbox” (oversight, resources, local teams, reporting plans) at the outset
 - Engaged local teams in local project design within “sandbox” but prioritized local needs and organizational contexts
 - Adapted to
 - Used same approach to report out at project end as “capstone”

What lessons did we take away?

- **Different messages required at different levels**
 - Opportunity costs, ROI, primary care provider time away from seeing patients, how will it help me?
- **Sharing data with stakeholders at all levels essential**
 - One of *our* parts of the partnership is transparency and teaching our partners how to understand and act on data
 - Giving frontline partners the opportunity to present data their hard work generated grows their engagement and their careers
- **Building trusting research-operations partnerships creates pathways to future evidence-based practice**
 - Many EBQI teams have continued work on new problems

Example: Follow-up of FOBt+ screens low

- **Clinical Scholar found that >40% of positive FOBtS were not followed up by colonoscopy**
 - University-generated press release emphasized quality gap
 - Press release distributed to national VA leadership ahead of print
 - Flurry of calls for changing press release, assumed bad press
 - VA had done so much work anticipating the findings, they rapidly pursued a *national colorectal cancer screening and follow-up improvement initiative*
 - **Yielded the best screening and follow-up rates in the country**

What lessons did we take away?

- **Research perceived as “bad news” engages system leaders in ways good news simply doesn’t**
 - Rapidly increased awareness of problem (poor follow-up)
 - Catalyzed high-level demand for action (given risks of inaction)
 - Engaged other researchers to assess quality of “bad news” → created new research-operations collaborative to design fixes
 - Incentivized use of operations funding to speed a systems remedy
 - Research-operations partnership enabled faster data access, faster engagement of key players at the national, regional, local levels
 - Resulted in ↑ research funding for years to come
- **Academic rigor enables researchers to push back**

Example: One in four women Veterans harassed

- **Baseline survey from cluster randomized trial of approach to gender-tailoring VA's medical home model to women's needs**
 - Women Veterans' anecdote about harassment, included survey items
 - Found 25% had been harassed, associated with delayed/missed care
- **Research was partnered with VA Women's Health Services**
 - Reported results internally asap, well before publication
 - Partner immediately funded evaluation work (literature review, focus groups of Veterans, key stakeholder interviews, expert panel)
 - By time paper was published, was able to include system response
 - Published paper picked up by press and Congressional staff
 - Tensions increased → research, evaluation, briefings continue

What lessons did we take away?

- **“Bad news” created a strong multilevel reaction**
 - Operations funding offered to the same research team that generated the “bad news” to create a rapid and actionable evidence base
 - Operations work yielded pilot data used in research proposals
 - Partner seen as proactive, promises to implement results
- **↑ translation of research findings for non-research audiences**
 - Peer-reviewed publication demonstrates rigor, credibility
 - Lay summaries help partners/others get research value and act on it
- **Partnered work creates foundation for more research \$\$**
 - Regular partner calls also help us identify new opportunities

Examples I would like to forever forget...

- National leader decided to use my org survey as a case in point for quest to comply with Paperwork Reduction Act
- VISN leader argued that health services researchers needed 5 years and \$5 million to do anything about a problem that he could solve in a matter of months...
 - So we worked in other VISNs and made important gains
 - VA HSR&D invited VISN leaders to national HSR&D meeting
 - VISN leader argued “why aren’t you doing that in MY VISN?”
 - ...and he never did solve that problem...until we came to help
- Partner took an email laying out problems that needed research remedy as insult to personal performance record

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Other Lessons Learned

- **Not all partners are “created equal,” so engage multiple levels**
 - *Example:* Use national and network leaders (above) and frontline providers (below) to make case to medical center leadership (middle)
 - Strengthen your messaging in terms that each level values and understands
- **Partners may not trust researchers, engage trusted associates**
 - Testimonials from colleagues mean more than our statistics

Other Lessons Learned

- **Take time to build relationships, understand contexts/demands**
 - Share past work → demonstrate that you do something useful
 - Share results with those from whom you have collected data
- **Reward/recognize work of partners and researchers**
 - *Examples:* Partner Certificates, Health Policy Impact Award
- **Remember that research has *staying power***
 - Peer-reviewed literature survives forever, buys objective support
 - Partnerships benefit from stability and careful nature of research
 - Today's news may be upended tomorrow
 - Over time, data is power to make a difference

Other Lessons Learned

- **Create research slack enabling flexibility, nimbleness**
 - Create rapid response team capabilities (e.g., fellows)
 - Develop rapid techniques to speed partner feedback
- **Partnered work often seeds research and vice versa**
 - Reputation for high-quality work brings new partners/opportunities
- **Training and mentorship in implementation and multilevel stakeholder engagement methods essential**
 - AcademyHealth and other offerings in dissemination and implementation
 - AHRQ Learning Healthcare System competencies

Advantages of Managing this Successfully

- **Collaborative research enterprise focused on system needs**
- **Strong academic emphasis ensures rigor and peer review**
- **Established research workforce and dedicated data resources ↑ ability to pivot quickly (e.g., COVID-19)**
- **Ability to have system impacts adds career satisfaction**

Contact information

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Additional Resources

VIReC Options for Specific Questions

HSRData Listserv

- Community knowledge sharing
- ~1,400 VA data users
- Researchers, operations, data stewards, managers
- Subscribe by visiting
<http://vaww.virec.research.va.gov/Support/HSRData-L.htm> (VA Intranet)



HelpDesk

- Individualized support



virec@va.gov

(708) 202-2413

Quick links for VA data resources

Quick Guide: Resources for Using VA Data:

<https://vaww.virec.research.va.gov/Toolkit/QG-Resources-for-Using-VA-Data.pdf> (VA Intranet)

VIReC: <https://vaww.virec.research.va.gov/Index.htm> (VA Intranet)

Archived cyberseminar: *Meet VIReC: The Researcher's Guide to VA Data*

https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3696&Seriesid=22

VIReC Cyberseminars (overview of series and link to archive):

<https://www.virec.research.va.gov/Resources/Cyberseminars.asp>

VHA Data Portal (data source and access information):

<https://vaww.vhadataportal.med.va.gov/Home.aspx> (VA Intranet)

Quality Enhancement Research Initiative (QUERI): <https://www.queri.research.va.gov>

QUERI Implementation Network Archived Cyberseminars:

<https://www.hsrd.research.va.gov/cyberseminars/catalog-archive.cfm?SeriesSortParam=y&SeriesIDz=83>

Implementation Research Group (IRG) Archived Cyberseminars:

<https://www.gotostage.com/channel/implementresearchgrpchristinekowalski>

Center for Evaluation and Implementation Resources (CEIR):

<https://www.queri.research.va.gov/ceir/default.cfm>



Using Data & Information Systems in Partnered Research Cyberseminar Series

Next session:

November 17th at 12 pm Eastern

Using VA data and information systems to support the ORH TeleSleep Enterprise Wide Initiative (a QUERI/Operational Partnership)

by Kathleen Sarmiento, MD, PhD;
Mary Whooley, MD, FACP, FAHA, FACC