Cyberseminar Transcript

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Session: Introduction to the HSRD Veterans Access Research Consortium (VARC)

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Rob: We’re lucky today to have the leads of the Veterans Access Research Consortium, Dr. Michael Ho, Dr. Peter Kaboli, Dr. Stephanie Shimada, and Dr. Sameer Saini. And with that, with no further ado Dr. Ho, can I turn things over to you?

Dr. Michael Ho: Great. Thanks, Rob. Thanks to everyone for joining the Cyberseminar today. It’s a pleasure to talk about the Access CORE and all of the PIs will be talking about what they will be doing as part of the Access CORE. And so, thank you again for listening.

So I wanted to start off with a couple polling questions. The first one is your primary role in the VA? So if you could please let us know that, this would be very helpful.

Rob: And that poll is up. Dr. Ho’s asking what is your primary role in VA? Answer options are clinical, operations, research, other, and I am not part of the VA. And if other is your choice feel free to enter that as if it were a question, into the questions section of the GoToWebinar dashboard or control panel. And I will let the group know what other means to you. We have nearly 80% of our viewing audience having made their choices already and that’s usually where it levels off. So it’s just over 80 and it’s growing by a small margin. Looks like it’s leveled off so I’m going to go ahead and close the poll and share out the results. Dr. Ho only 5% of your viewing audience today is clinical, 9% answered operations, 80% the largest number answered research, 2% other and one person wrote in university-affiliated research center, and 4% say they are not part of the VA. And now we’re back on your slides.

Dr. Michael Ho: Great, thanks. And then we have a second question which is, if you’re currently involved in access-related research or evaluation work what is your primary role in that work?

Rob: And now that poll is launched. Answer options are principal investigator/project lead, co-investigator, research staff for instance project coordinator, data analyst, student, trainee, or fellow, operational liaison to research/evaluation team, and if none of those apply again feel free to write into the question section, what does. Mike this one’s going a little bit slower so we’re going to leave it open a little bit longer this time around. We don’t have quite 60% of your viewing audience having made their choices yet. Better choices this time around, I guess. People need to think about it a little bit longer. And it has leveled off so I’m going to go ahead and close the poll and share out the results. And let you know that 28% answered principal investigator or project lead, 12% co-investigator, 40% research staff, 6% student, trainee, fellow, and 14% operational liaison. And once again we’re back on your slides, sir.

Dr. Michael Ho: Great, thank you. So I’m going to just give a brief overview of the Access CORE. In terms of how we’re defining access I mean we’ve really defined it pretty broadly in terms of you know using definitions you know from the RAND and ARC and then an article from John Fortney. Where access refers to the ease with which an individual can obtain needed medical services. And are having timely use of personal health services to achieve the best health outcomes. And in that definition there’s four components which include coverage, services, timeliness, and workforce. And just as an example of our broad definition, we would want to also think about provider burnout as part of that workforce. And then in terms of the definition that John Fortney in his paper defined access as the fit between an individual and the healthcare system. And there’s five dimensions which include geographic, temporal, financial, cultural, and digital. And the digital piece is an important part of the VA as there’s a push to increase telehealth.

The primary operational partners, partner for our CORE is the Office of Veterans Access to Care that’s being led by Susan Kirsh and Mike Davies. We’ve began to work with OVAC to identify other operational partners and some of the partners that we have identified include the Office of Community Care and the Office of Connected Care. So we’ll be working with OVAC to identify additional partners as we go through the process of the CORE.

The CORE is divided into four workgroups. We have a Stakeholder Engagement Workgroup, a Research Community Workgroup, a Metrics Workgroup, and a Portfolio Review Workgroup. And we’ll go into a little detail about each of the activities of those workgroups later on. And we see VARC as part of the HSR&D community and we’ll be working closely with OVAC, PEPReC, other operational partners. And then once the Virtual Care CORE is identified we’ll be working closely with them. Just because access and virtual health have a lot of overlap. And then at the end of the day our goal is to provide HSR&D with a research roadmap.

So on this next slide is a set of deliverables that we are planning to deliver to HSR&D at the end of two years. And again, we’ll go through each of these deliverables. But they include formation of the Access Research Consortium Network that Stephanie Shimada will be leading. As well as the needs assessment of the ARC Network. We’re going to create a database of current access research and evaluation projects that Sameer Saini will be leading. And then as part of that then we’ll identify three to five high-priority access research questions and focus areas using an expert panel process. In addition to that we’ll be creating a report of access metric compendium that Peter Kaboli will be leading. As well as an access measurement guide. At the end of that process we’ll identify three to five high-priority access metrics research questions that we will submit to HSR&D. And then at the end of the two-year period we’ll compile an access research roadmap.

So these are the milestones for year one. The deliverables I had mentioned briefly in the prior slide. So in terms of a year one milestones it’s to create the ARC Network. It’s to do a needs assessment of that network. Develop a database of current research and evaluation projects. And then to go through the expert panel process to identify three to five high-priority access research questions. And then the last deliverable is a report of the access metric compendium.

Then these are the milestones for year two. It’s a report of the access measurement guide. Using an expert panel process, identify three to five high-priority access metric research questions. And then at the end of that period is to provide a report of the access research roadmap.

In terms of VARC participation opportunities, these are some of the areas I think we would really welcome input from the research community. And that could involve either being an expert panel member, participating in the workgroup activities. You know identifying yourself as an access research resource where we can match people who are trying to look for specific expertise. Or you can just be a fan of the VARC and you know receive our emails and just be updated on the, our progress over time.

So now I’m going to go into the work of each of the workgroups. The first one is the Stakeholder Engagement Workgroup. And this is a team that’s based primarily in Denver that includes Karen Albright, Demetria McNeal, Joe Simonetti, Evan Carey, and Kelty Fehling.

And so what’s the goal of this workgroup is really to provide support to management of the CORE. In addition we’ll be having regular calls with OVAC and other stakeholders. And then you know the two, the three primary deliverables from this workgroup will be to identify three to five high-priority access research and access metric questions to an expert panel process and so we’ll be conducting a Delphi process. And then in collaboration with the other workgroups we’ll develop the access research roadmap report that will be submitted to HSR&D.

And so this is just a brief timeline of what we’re going to do in year one in regards to the expert panel, Delphi review process. Our goal is to look at the portfolio review by the end of June. Identify our expert panelists who will review the questions and, research questions and focus areas in July. And then hopefully have an in-person meeting in September to kind of home in on the three to five research questions.

In terms of the criteria for evaluation of the research questions or the high-priority research areas we’ve come up with two criteria initially. Goodness of fit, does the research question or focus of interest capture a concept relevant and useful to understanding and improving access. And then the potential impact, so does the question have the potential to improve care or the findings have the potential to improve care and/or experience of key stakeholders, particularly patients and clinicians.

So with that then I’ll hand it off to Sameer Saini from Ann Arbor who will talk about the Portfolio Review Workgroup.

Dr. Sameer Saini: Great. Thank you, Mike. So I’m going to talk a little bit about the Portfolio Review Workgroup and the work that we’re going to do which is going to lead into some of the stuff that Mike just talked about. And you know we are based in Ann Arbor. Some of the other members of our workgroup include Megan Adams, Tanner Caverly, Christina Chapman, Ted Skolarus, and our Project Manager here in Ann Arbor is Brad Youles. We certainly would welcome others to also participate and engage in some of the work that we’re going to be doing. Next slide please.

And sort of you know broadly speaking, the goals of the workgroup are to create a searchable database of access-related projects. And to identify opportunities for access research and access partnerships in VA. And the overall process that we’re going to be using to do that are first to identify recent and ongoing VA access-related projects through the access portfolio. To develop a rubric to categorize access portfolio grants and projects. To apply this rubric to the portfolio and to access some key findings from the projects and grants. And to then analyze this, the data to describe the access portfolio and to identify potential opportunities in research and in implementation and partnerships. Next slide.

So I’m, just talk a little bit about sort of the process that we’re proposing to go through to do this in terms of the research studies and grants. So what we’re planning on doing here and we’re going to focus really on sort of the portfolio of research studies and grants that have been recently completed and are ongoing. And we’re planning on focusing primarily on work that’s being done in the VA. But to the extent that we can and to the extent that sort of the bandwidth allows we will also extend this work to cover other federally funded grants as well beyond the VA. So we’re going to take a look at sort of the volume of work that we encounter as we’re doing this search. So we’re going to search VA HSR&D, QUERI, ClinicalTrials.gov websites using a web scraping methodology to extract abstracts and project details, that’ll be one source of data. And the other will be NIH ExPORTER to identify access-relevant projects from other programs within the VA. This methodology will allow us to not only identify VA projects but also again to the extent that a bandwidth allows to also look at projects from NIH, from ARC, and other federally funded sources as well. You know once we identify these projects we’re going to review the extracted abstracts. Identify the ones that are relevant to access and then categorize these into a, using a rubric that we are developing that I’m going to show you in a moment, and have these categorized by team members. We’ll have sort of an initial period where we’ll sort of train the reviewers to make sure that we’re all in agreement with the you know using and applying the rubric. And then we’ll do independent duplicate extraction in sort of the key fields and make sure that we’re extracting the data in a reliable way from these abstracts and data sources regarding the grants. Next slide please.

So that’s regarding some of ongoing grants and studies and recently completed grants and studies. When it comes to operational programs and initiatives we know there’s a large volume of ongoing operational programs and initiatives. And these are really hard to capture and they’re certainly not cataloged well in any particular place. And this is something that we really want to make sure that we have an opportunity to try to identify. And so what we plan to do here is to develop a structured interview guide to identify access-related operational projects and relevant features. We’re going to identify stakeholders who may be working on such projects. This includes operational partners. We’ve already talked a bit about some of our key partners OVAC, Office of Community Care, Office of Connected Care, others include Rural Health. So we plan to reach out to our partners. We also obviously will be reaching out to research community, Stephanie Shimada’s going to be talking about the survey that we’re going to be distributing. And we will ask members of the research community to self-identify whether they’re working on such projects. And we will be reaching out and following-up with them. We also plan to reach out to the QUERI program directors, COIN directors, and other leaders who may be aware of such projects. Others that we may be reaching out to include VISN CMO’s or network directors who may be aware of and involved in such projects. I welcome thoughts and inputs about other stakeholders that we should be reaching out to, to try to identify these projects. We plan to conduct telephone interviews with the stakeholders who are engaged in these projects to assess details about the projects and to the extent possible we’ll do these interviews by phone or follow-up surveys as needed. Next slide please.

I want to take a moment just to talk about the rubric that we’re going to be using to categorize the projects that we identify as part of the portfolio. So the starting point for this is the Fortney model. So Mike already eluded to this and I think Peter is going to be talking about this in a moment as well. So the Fortney model came out of the 2010 State of the Art Conference on access. You know this is sort of the model that really connects some of the components of access, perceptions around care, utilization, quality, outcomes, and satisfaction. It talks about the five dimensions of access, geographic, temporal, financial, cultural, and digital. The four determinants of access, patient, provider, community, health system. And four characteristics of access, utilization, quality, outcomes, and satisfaction. This is sort of the starting point for the rubric that we’re using. And then what we did is we sort of went through this model and looked at other sort of relevant component that we thought would be valuable and important to understanding the access portfolio. And to sort of get into the products that we needed in terms of identifying research questions and readiness for implementation as well or intervention and potential partnerships. Next slide please.

And then work to, with our teams here to sort of expand some of the domains. This is still a work in progress and I think we’ll be circulating these slides and would welcome additional input on this. And this is a busy slide, I don’t expect you to look at it in detail right now. But for the two kind of broad things I want to point out is you can see at the top left we have some of these domains from the Fortney model there. At the top right, I just want to point out that you know one, you know thing we’ve added here sort of this notion of sort of supply or clinical capacity and demand, clinical need. And sort of a broader conceptualization of sort of you know kind of the way that you know access can be affected by a variety of different sort of, you know sort of areas. You know on the supply side or the capacity side. You know there are factors like workforce retention, burnout, productivity, system redesign, including things that are related to MISSION. On the demand side overuse, low-value care, efficiency, appropriateness all can have effects on access. And you know one of the things I think that you know we want to you know sort of stress is that you know there, you know access is certainly a very, very broad area and many of us may not even think of ourselves as access researchers. And you know as we sort of worked on trying to put this rubric together and started looking through the portfolio, at least as an initial pass you know I think we’ve come to realize that there’s just so many different ways that the research communities work and products can inform the challenges that OVAC and our other partners are facing and the health system is facing as a whole. And so you know as you may be receiving some of the surveys that we’re sending out to the field and you know considering how your work might fit into this space just to think broadly about you know how your work might be relevant to this particular domain. And with that I will, go to the next slide and I think I’m going to hand things over to Peter.

Dr. Peter Kaboli: Okay, thanks Sameer. So I’m going to give a brief overview of what the Metrics Workgroup will be doing. Listed on here our main team here in Iowa City as well as a few others that have been actively participating as we’ve been setting this up. Including Evan Carey, Melissa Garrido, and Matt Augustine. But there’s definitely plenty of room for those of you that are interested in metrics and how you can, how we can all work together. I’m going to go over that right now. Next slide.

So our overall objective is you know we’re trying to create an interactive and collaborative team of health care access researchers to support ongoing and future access-related research and innovation. And so from the eight milestones in the proposal our workgroup is responsible for these two. The first being an access metric compendium. And the second is a measurement guide that goes with that to help researchers and operations people understand what’s available for measuring access. Next slide.

So the first part of this is creating this compendium. So we have a few steps I’m going to go through what, how we’re going to be doing this. Basically what we need to do is in this first year, categorize existing measures of access and we’re going to use the five dimensions of access from the Fortney model that Sameer mentioned. And we’re also going to include actual and perceived metrics to better get at what the patient perception of access. We’re going to create the compendium of metrics including the evidence to support their validity, the data sources, definitions, and practical considerations for their use. Some of the sources of where we’ll get this are published and unpublished work from the ORH Access Evaluation group that some of you all have been involved with. The work of PEPReC in Boston has been doing this for many years. The network that we’re going to be creating out of the CORE and non-VA researchers that also have an interest in access because this is not just a VA issue. Also there are existing measures that have, that are used by the Office of Veterans Access to Care many of which are defined in VSSC and you know these are ones it’s really important that we integrate in because this is what a lot of frontline people, group practice managers, chiefs of staff are using to measure access. And lastly we’re going to need to come up with novel metrics, what is it that we’re not measuring? And propose what future research can be done to start filling the gaps of these metrics. And Sameer mentioned the 2010 State of the Art Conference that some people on this call I’m sure were involved with it. The first research recommendation was new metrics for measuring access. And so that hasn’t really changed in ten years. But there’s still ways that we can do this better. Next slide.

So in this example, what I did here is go back to the same model. You know we have these dimensions, determinants, and characteristics of access. But I put a couple of arrows on here just to give examples. So I think the green arrows represent things that we, I think measure fairly well. I think geographical access in terms of travel distance and time. The PSSG files that many of us have used are really good at measuring distance from patient’s homes to their closet primary care site, to their closest VMAC, and including time travel. Not time travel like traveling through time but how long it takes to travel. Although time travel would be good too. The temporal part of it you know in terms of wait times, I think we have some fairly good measures of that. But the things that are in yellow for example, I think the top left under VA provider characteristics and availability of providers you know there’s some ways that we can do, I think a better job of measuring you know gaps in coverage and where there are shortages of providers. I think on the bottom left we talk about community attributes of providers. There’s some really interesting work that has been funded through Service Directed Research projects. Michelle Mengeling here in Iowa City has a project looking at network adequacy, you know the adequacy of providers in the community that can actually provide specialty care and primary care outside of VA. Todd Wagner, Amy Rosen, and Megan Vanneman have done some really good work in trying to figure out how to use these data to identify what services are being provided outside the VA. And Denise Hynes also has an SDR looking at you know community care. So I think that’s where we have a lot of work that we can incorporate in. Things, other things on the left are like financial access. You know it’s a little different in VA but you know certainly important. And then digital in terms of what the digital divide may be but you know certainly as broadband is expanding that should get better. But then a whole area of cultural access, you know we don’t really have much in terms of what we’ve studied in the VA. So I think there’s plenty of opportunities. Next slide.

So the steps we’re going to go through. We’re going to, we’ve created an outline, we’re starting a role clarification, what, who needs to do what to get this work done. We’re engaging research partners like you all and operational experts. We’re going to put this into a manuscript I mean I think that’s one of the goals here is to have this available for anybody to see what metrics could be used in measuring access and a manuscript is a great way to get this disseminated. We’ll incorporate a couple webinars over the next year for feedback. And then the last step is this compendium will be online and as an online appendix to the manuscript. And ultimately work with either HERC or VIReC or someplace for online location. Next slide.

The second task that we have is to create a how-to guide and what this basically is going to do is create a guide that can be available online that will allow researchers and operations people to be able to look at what’s available and how to access these measures. And I think this is an area where you know I know personally we need very you know, we could use some very specific suggestions on how to do this. Because I can tell you I’ve never really done this part of it before and if there are good examples of good how-to guides for data access and data variables out there, please share them. So for the steps we’re going to work with PEPReC because they’ve done a lot of this work and integrate their work through the CORE. Identify other online data guides that are either VA and, or non-VA to make these user-friendly to meet the needs of researchers and operations. Attend a National Academies of Science panel that some of us are going to be attending in March. It’s specifically on access measurement. Finalize an online format with an appropriate VA resource center partner. And then write the content to make sure it complements the compendium. Next slide.

I think this is the things that we need from this audience. I think there’s three specific things. One is just willingness and interest to participating in the workgroup. I had just mentioned suggestions for best practices and examples of how to record and disseminate this compendium. And then sharing of novel metrics of access under development. And if you click one more here’s an example of a paper that was just published that Adam Batten wrote on a new metric he developed to create, to measure timely care to primary care in the VA. And I know there’s plenty of other people doing work out there in measurement and it would be great to get you integrated into this team. So that’s it. Next section.

Dr. Stephanie Shimada: All right. So next up, Research Community Workgroup. Good afternoon. So our group is based in Bedford in Boston. And I, Stephanie Shimada am the lead of this workgroup, but team members include Chris Miller, Carolyn Purington, and Stephanie Robinson. Next slide please.

So the final RFA for the COnsortia of REsearch specified two goals for networking among researchers interested in each priority area. And these are the goals that are on this slide in front of you. The primary goal of the Research Community Workgroup for the Access CORE or VARC is to build the Access Research Consortium Network which we’re calling the ARC Network. A network of researchers interested in access-related research and evaluation work. And to support a community of practice that will share expertise. Recent research developments, funding opportunities, and communications from OVAC. And facilitate collaborative projects that align with the access research roadmap that Mike described earlier. Next slide please.

Our workgroup will develop and support the ARC Network via a needs assessment survey. The supporting communications with and among ARC Network members. And providing targeted support for ARC Network members. Next slide please.

So our first step will be to conduct a survey, which I think has been mentioned several times so far. And the goals of this survey are really to identify VA and non-VA researchers interested in improving Veterans access to care. And assess interests in expertise. Identify current access-related research and evaluation efforts that are ongoing to support the other workgroups. Understand current access-related priorities in the field. Conduct a needs assessment of access-related research challenges that HSR&D and/or VARC might be able to help address. And understand preferences around the frequency and types of ARC Network communication. So we invite all of you to participate in the survey so that we know of your interest in the ARC Network and are able to incorporate your feedback and preferences. We’ll be sharing the survey link towards the end of our Cyberseminar and we estimate it will take you about 10 to 15 minutes to complete. Next slide please.

So your responses to the needs assessment survey will help shape VARC’s communications with the network. We plan to have some Cyberseminars that update and engage you in the work of the individual workgroups. But we also hope that they can support sharing of works in progress or recently completed research and evaluation work by ARC’s Network members. So it’s, we don’t want it to be a forum where we’re just talking at you but we would like it to be sort of a cross-conversation because we know there’s a lot of work that’s going on in the field that we can all learn from. We’re interested in learning more from your survey responses about the kinds of information you’d find most helpful to support your access-related work. Next slide please, Mike.

Over time we plan to provide support for ARC Network members by providing mentorship matching for fellows and junior investigators such as CDAs. Help with identifying other ARC Network investigators with needed expertise for a cross-collaboration or to request guidance on a specific content area or plan methods. And once we have the access research roadmap and HSR&D has issued the RFAs related to access, we will be supporting those projects by providing guidance on implementation methods, data metrics to measure access, and appropriate alignment with the access research roadmap. Next slide please.

So we’re at another polling question. So now that you’ve heard from each of the workgroups about what some of our work will entail, we’re interested in which workgroup or workgroups people are most interested in hearing more about and contributing to. So please respond to the poll on the screen.

Rob: Thank you. That poll is up and this one is a select all that apply. So audience members you can go ahead and choose as many as you like. But Stephanie I have to tell you when we get the numbers back it’s going to be more than 100% because it’s a select all that apply.

Dr. Stephanie Shimada: [unintelligible 35:17]

Rob: That’s the way it works. And we don’t have quite 50% voted yet so we’ll leave it open for a few more moments to give people time to make their choices. It does seem to have leveled off so I’m going to go ahead and close the poll and share out the results. And let you know that 51% say metrics, 31% portfolio review, 53% research community, and another 53% research roadmap. So pretty standard across the board except a little bit less for portfolio review. And now we’re back on the slides.

Dr. Stephanie Shimada: All right. Thank you. So we actually have a second polling question and we know that there’s a lot of overlap across the COREs and that some of you will be interested in participating in multiple COREs. So for example researchers might be interested in access to complementary therapies or pain management alternatives and their impacts on opioid use, right? So those people might be interested in both pain, the Pain CORE perhaps is their primary but also in the Access Core. So please check which COREs you plan to engage with so we get a sense of the degree of overlap with the different COREs that are currently planned.

Rob: That poll is up and again it’s going to be more than 50% because it’s another please check all that apply type poll. It’ll be more of a big number, small number sort of interpretations. Things have leveled off so I’m going to go ahead and close this poll and share out the results. And what we have is 35% say Pain/Opioid CORE, 27% SPRINT, 80% VARC, and 53% Virtual Care CORE. And we’re back on your slides.

Dr. Stephanie Shimada: All right. Great, thank you. Well that’s helpful. I think Mike had mentioned earlier that we will be touching base definitely with the Virtual Care CORE once it is formed because there is so much overlap between the work that is being done to improve access and all the connected care work that is being done. But we realize that there’s overlap and we see evidence that there’s overlap in interest and we hope to be in touch with and work in collaboration with the other COREs as well.

So this is my last slide here. This is the invitation to participate in our survey. Once I’m done talking I will also paste the survey link into the chat so that people can access it. And just as a heads up this survey is a VA REDCap survey. That was the only way we could find to build it. But it can only be accessed from within the VA firewall so you won’t be able to access it from outside. However if that is a hardship for anybody we are able to send people a fillable PDF version of the survey which you would be able to email back to us and we would enter the data for you. And all right that, thank you. Next slide please.

All right. Please let us know what questions you have for us and we’re happy to answer questions now. I think we still have 20 minutes left and/or later by email as things come up later. So if there are any questions that have come into the chat we can discuss or we can open it up for discussion.

Rob: There are no questions at this time. Let me take the opportunity to let your audience members know, there’s a section called questions in that GoToWebinar dashboard or control panel. The white piece of software that popped up on your computer on the right-hand side when you joined. You can actually pull that out by grabbing onto the gray bar that says questions and you can expand it if you need more room. But we did have two questions come in while I was explaining that. The first one is, what does becoming a workgroup member entail in terms of effort?

Dr. Michael Ho: Yeah this is Mike Ho. You know I think a lot of the work will be done by the teams that we have assembled in terms of you know the day-to-day activities. I suspect members from the ARC Network that want to participate in the workgroups I think it’s you know probably will comprise of reviewing you know some of the materials that we have compiled or summarized to make sure that it makes sense and/or it is inclusive and doesn’t exclude anything. So that, that would be my initial thought. I don’t know of Sameer, Peter, and Stephanie have other thoughts on what that would mean in terms of workgroup involvement.

Dr. Peter Kaboli: This is Peter Kaboli and I would say you know with the Access Metrics Workgroup I think it could be you know as little or as much as you want. I mean one of the things we’re going to try to work on is you know what’s the best way to function as a multisite group. We’re looking into a new platform that VA has adopted with a, as their transitioning from Skype to Microsoft, it’s called Microsoft Team. I’ve only looked at it briefly but that’s one way that you know we can put information that’s more shareable and you can be involved as much as you like. You know if you’re interested in, anybody interested in the Access Metric Workgroup just send me a note and I’ll get you on the list and won’t bombard you with emails and too much information but we’ll keep you informed. The other thing is you know it makes me think of what Groucho Marx said when he said I refuse to join any club that would have me as a member. So you know we’ll still take anybody though. If you’re interested in access metrics we’ll take you.

Dr. Sameer Saini: And this is Sameer. You know for portfolio review, you know there’s sort of two phases where I think there would be a potential, you know one is sort of we’re starting up now where the team is meeting every couple weeks to review and categorize ongoing and recently completed grants and projects. And so that’s you know that’s sort of one area where you know there’s always potential for people to participate and join. You know that’s, it’s not a, it certainly you know a fair amount of work but you know certainly there could be a role for folks there. And then we would certainly welcome that considering the potential volume of abstracts and grants and things like that. And that’s something that we can talk about more. The other is you know it’s sort of the analysis or interpretation sort of phase and how do we you know put together the results and you know reports of what we’re finding which will come a little bit later on and you know there we’d have to think a little bit more about how to integrate people into that. But that, that might be another phase of the work where we could you know use some help from the community. And I think we’ve already talked a bit about you know how to reach out to the community to get some integration to that. And Stephanie, and you know we, I think we talked a bit about that at one point already. But you know we could talk a bit more if people are interested in that field feel free to reach out and we can talk formally about how to work on that together.

Dr. Stephanie Shimada: Right. And this is Stephanie. The survey link unfortunately I don’t seem to be able to put it in the chat, I guess the chat only goes to the other presenters. But you will be receiving an email afterwards with the link to the survey. But if you respond to the survey there’s a place there where you can indicate your interest in participating in different workgroups. And as the others have said I think it’s really, you know we’re not envisioning this as any kind of strict commitment. So if you think you’re interested you know please just indicate your interest, we’ll reach out to you, and people can choose to you know participate at a level that they’re comfortable with.

Rob: Thank you. I did send that link out through the questions pane, I’m not sure how useful it will be through GoToWebinar. I think it’s difficult to cut or copy text from the question section. We got a question from somebody asking how they could make this available to colleagues. You’ll receive an email in a couple days with a link to the archive of this session. You can forward that to anybody you think might be interested. Moving on, is it possible for people from Canada’s medical or research community to somehow participate in VARC’s activity?

Dr. Michael Ho: Yeah, I guess, I, yes. I mean it’s the short answer. I mean I think it would seem like the opportunities would be similar to what each one of us just described. So yeah I think we would be open to that. You know again, I think we’d have to think about you know what that form of participation would look like. And so it may be good for whoever asked the question to reach out to the individual workgroup lead.

Dr. Peter Kaboli: Yeah, this is Peter Kaboli. I’ve reached out to some colleagues in Canada because obviously access is you know a big issue there as well. And they have some of the same challenges that the VA has. And so would love to get more engaged with our Canadian colleagues.

Dr. Stephanie Shimada: And this is Stephanie, just a plug for the email address on your screen AccessResearch@va.gov, if you’re not sure who to direct your questions to or if you just want for example these Canadian colleagues of yours to be able to get access to the PDF version of the survey so that they can get sort of plugged into our network, please email that address and then we can triage it to the appropriate team.

Rob: Thank you. I got a note from a helpful viewer that the survey link that I sent out to the questions as an answer to questions did work through GoToWebinar. So audience members if you’d like you can click on that link that I sent out. We have another question. Can you say a bit more about the portfolio categorization? What if your research doesn’t fit into any of the categories in a certain code? Who will be doing the classification? I don’t think I’m clear about how the tool will be used.

Dr. Sameer Saini: Sorry, I think I was muted. Yeah so you know what we, what we intend to do is to you know essentially use keywords to identify recently completed and ongoing projects that are access related. And then to categorize them into, using the rubric that we sort of shared and again you know this will be, I think we’re going to circulate the slides is that right, I’m going to differ to the team here that I think we’re going to be circulating the slides so you’ll be able to see the rubric in more detail. You know obviously we may come across you know projects or you know grants or operational projects that you know are, appear to be access-related but you know don’t fit into things that we have already sort of preidentified. And if that’s the case you know that’s going to be something that we’re going to have to sort of go back and sort of develop a new domain for. You know part of actually generating the rubric was in a, part of the process in generating the rubric was actually looking at projects that we initially did not even really think of as necessarily being access-related, you know. I mean for example we came across grants that were around high, there was a grant around some high team functioning and that you know had to do with sort of, you know how do teams function well and you know how do we keep the workforce retained within the health system. And that actually dovetailed well with one of OVAC’s priorities around workforce retention. And that’s an example of one that you know was not something that, a priority we went in sort of thinking that that was sort of an access-related sort of domain. You know another is sort of around sort of risk stratification. Which you know has to do with sort of efficiency and how do you triage patients appropriately for resource-limited specialty care services. So there, I think naturally there will be areas that will appear that we may not have thought of and so this will be sort of resolved through discussion and consensus. My, I think you know the initial question will be is this project access-related or not. And that’ll be something that you know we’ll have to sort of develop through some consensus upfront. And that’ll be done by the team in Ann Arbor initially. So we have a group of clinicians there that are going to be doing that but we’ll be bringing it to the larger team and again we welcome engagement from the broader research community as well. If they’d like to be involved in the process.

Rob: Thank you. That was the last question we have at this time. There may be more that come in. But while we wait for that why don’t I give people an opportunity to make closing comments. I’ll go through it the way you, in the order that it was presented. So Dr. Ho do you have comments that you’d like to make.

Dr. Michael Ho: Yeah, thanks Rob. I mean I just wanted to thank people for joining the call. You know we are interested in having people participate in our activities and welcome your participation, suggestions. Because you know we want the output of the CORE to be a collaborative product. So thanks.

Rob: And Sameer you were up next, so I’ll give you the opportunity.

Dr. Sameer Saini: Yeah, I’ll just echo you know Mike’s comments. And say that you know we, you know access is a very different area. It’s much broader. I think it’s more sort of you know nascent in many ways. And you know we are also at a slightly different stage than the other COREs having, you know just started very recently so I think this is a you know a real, an opportunity for all of us to work together and you know we welcome everyone’s input.

Rob: Thank you. And then I think it was Peter.

Dr. Peter Kaboli: Yeah just say that I think over the next two years working collaboratively you know we can be more efficient and thorough in the work that we’re trying to accomplish. And you know set up a really good roadmap for research, for HSR&D over the next five years. So it’s exciting and especially for those of you that are planning to be around for the next five or ten years this is a great opportunity to see where, where the field is going and help direct it.

Rob: And last but certainly not least, Stephanie.

Dr. Stephanie Shimada: Oh thank you. Well so I echo everyone’s sentiment that I am excited for us to be embarking on this new effort. And I’m hoping that many of you will join the ARC Network so that we can make impactful strides forward in the direction that the research roadmap will be pointing us towards. And thank you and please feel free to reach out if you have any issues with the survey or any questions.

Rob: Right and there are email addresses on your screen currently if you want to reach out to any of these people or to the CORE AccessResearch@va.gov. Once again thank you all for preparing and presenting today. I’d like to note also audience members that you will receive, as you usually do, an email in the next couple days with a link to the archive of this session. But also there’s added text about the VARC and a link to the survey that Stephanie made available. So please look out for that and fill out the survey when you have a chance. When I close the webinar momentarily you’ll be presented with a different survey with a few questions. Please take a few moments to provide your answers. We do review them and forward them to our presenters’ and we count on your answers to continue to bring you high-quality Cyberseminars such as this one. Thanks again everyone and with that I will just wish everyone a good day.

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