VA National & VISN Researchers & Evaluators in Residence (REiR)
Program Opportunities

The Health Services Research and Development Service (HSR&D) in the Office of Research and Development (ORD) will fund VA researchers and evaluators to spend time in clinical program or Veterans Integrated Service Networks (VISN) offices to help with analysis and to bring research knowledge to policy and program planning. The HSR&D program solicited interest from VA program and VISN offices to host embedded researchers or evaluators. Program or operations offices will benefit from advanced analytic expertise and access to a network of research knowledge. HSR&D researchers and evaluators will benefit by increasing their understanding of important policy and operations questions and the operational data available to answer them.

The timing and details of the arrangement are negotiable, but hosts have identified what arrangement would be optimal (timing, duration, percentage effort, and need for the person to be on site vs. virtual). Funding commitment could support 100% effort for 3 months or 25% effort over a year. HSR&D funding will be a maximum of $35,000 per residency. Duration and support will be based on the success of the relationship and continued need of the program or VISN office.

Program and VISN offices underwent a competitive process for selection into this program, and the following positions were reviewed and approved by HSR&D:

1. **Interim Staffing Program (ISP), Office of Primary Care**: Analysis of Application Usage, Time- and Cost-Avoidance, and Clinician Satisfaction of the Brillians (Formerly SupraVista) Program

2. **Veterans Integration to Academic Leadership (VITAL) Program, Office of Mental Health and Suicide Prevention (OMHSP)**: Evaluation of the Effectiveness of the Veterans Integration to Academic Leadership (VITAL) Program

Hosting offices are expected to be able to provide a desk and computer when resident is working at the host office. The host must also provide data access for the resident.

To help us monitor the success of the program and identify ways to improve it, both the hosting offices and the researchers/evaluators in residence will be required to complete a brief mid-year assessment and a brief final report which should include any products arising from this program.

Additional information on the selected postings is found at the end of this document.
Researcher/Evaluator in Residence Eligibility

The VA National & VISN Researchers & Evaluators in Residence (REiR) Program is an intramural program conducted by VA-salaried investigators at VA medical centers or VA-approved sites. To be eligible to submit an application to the REiR Program, the researcher or evaluator should hold a MD, PhD, or equivalent advanced degree in a relevant field to the proposed topic area. In addition, the researcher or evaluator must have at least a 5/8ths time VA appointment OR if less than 5/8ths, he/she must have a letter of endorsement from his/her local HSR&D Center of Innovation (COIN) Director or in absence of a COIN, his/her local Associate Chief of Staff for Research and Development (ACOS/R&D) indicating that he/she will serve as the RiR Program Sponsor at the station to be responsible for funds sent for the REiR Program.

An investigator profile (a “page 18”), including the Commons ID, must be completed in ePromise for researcher or COIN Director or ACOS/R&D as appropriate in order to receive funding.

Application Requirements

1. Indicate Program or VISN Office posting for application

2. Resume/Curriculum vitae (CV)

3. Confirmation of 5/8ths time VA appointment or Letter of endorsement from local COIN Director or ACOS/R as appropriate.

4. One-page essay describing:
   a) Prior experience working in the selected area, including any skills specifically mentioned in the posting,
   b) Long term research interests, and
   c) What the applicant hopes to get out of the residency.

Once selections are made, the researcher/evaluator and program office will develop a work plan and budget to cover his/her time in residence and will submit to HSR&D for review and funding.

Key Dates for this REiR Program Posting

April 30, 2019: REiR Program opportunities announced

May 1-15, 2019: Applications due to REiR Program mailbox (vhacoehsrdrir@va.gov)

May 16-22, 2019: Program/VISN offices review applications and make selections

May 23, 2019: Notifications sent to applicants from HSR&D

June 2019: Program/VISN office and Researcher/Evaluator develop work plan and budget and submit to HSR&D Researchers in Residence mailbox (vhacoehsrdrir@va.gov)

Timing of distribution of funds will depend on work plan and budget developed by Program/VISN office and Researcher/Evaluator.
Description:

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<th>Summary of expected program/policy to benefit from additional analytical support:</th>
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<td>Brillians (formerly SupraVista) expansion-pilot data document popularity of the program with clinicians. Data also confirm contributions to time-savings, extrapolated time- and currency-cost-avoidance, and strong provider-preference, with a robust chi-square significance and a p-value of 0.00001. These data will continue to accrue during Brillians sustainment analysis. The important next goal is to devise and execute a strategy to document Brillians’ impact on PATIENT HEALTH STATUS AND STABILITY, PATIENT ACCESS-TO-VA CARE, and CLINICIAN-RETENTION by the enterprise. All this without leaving the native environment of the EMR itself.</td>
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Brillians is a unique cognitive clinical decision-support, documentation-efficiency, and business-logic system. This inexpensive application interfaces unobtrusively with the electronic medical record (EMR) and manages data without affecting the EMR’s operations, thereby modernizing the EMR’s operations. Beyond merely collating and organization disparate patient data, Brillians quickly assembles relevant information in a coherent format compatible with clinician-cognitive thought. This nearly-instantaneous, application-driven intelligent data organization and categorization facilitates action in critical issues; streamlines order, prescription, and progress-note writing; and facilitates letter-writing to enhance patient-instruction and shared decision-making. These documentation improvements help increase collaboration-effectiveness and continuity-of-care among various VA services and with community health systems. It would take a skilled, tech-savvy clinician many minutes-to-hours to accomplish the same quality of data- and document- parsing and accelerated documentation that Brillians does in seconds. Patients and clinicians benefit from the opportunity for increased discussion and shared decision-making. Beyond the potential for improved patient-access, and clinician-efficiency and morale, the enterprise enjoys the potential for increased clinician on-boarding and engagement through Brillians’ support of clinically-strong but less tech-efficient clinicians, clinicians who are new to the VA environment, and clinicians who provide brief-duration virtual care to unfamiliar patients another VA facility. By minimizing the EMR acclimation effort, even less tech-accomplished clinicians can perform vigorous data-review and document and still devote significant time to patient-engagement.

Associated VA National Priority:

Brillians advances MISSION act goals by enhancing several key areas of clinical service. The application’s singular qualities directly-support VA’s efforts to MODERNIZE our VA SYSTEMS and FOCUS RESOURCES more-efficiently, in-part by decreasing key-strokes, mouse-clicks and time required to search numerous pages of EMR documentation. In effect, Brillians can contribute significantly to decreased multi-tasking and reduced distraction. Brillians gives the clinician more time to engage the patient in effective discussion, permitting greater patient understanding- of and investment-in/adherence-to the treatment plan while improving timely completion of the clinical visit and TIMELINESS OF SERVICES. Improved conversation with the patient promotes trust and commitment to a partnership in which sensitive issues, such as hopelessness and helplessness can be discussed with frankness and confidence. Such engagement can go far toward detection of suicide risk and help leverage of resources toward SUICIDE-PREVENTION and adoption of healthy behaviors. Together this modernization; focus, timeliness, and efficiency; and engagement for SUICIDE-PREVENTION help the VA continue to participate squarely in the arena of VETERANS’ CHOICE, so that community health partnerships can be more-effectively promoted, while simultaneously positioning the VA as a formidable, preferred option for quality, high-value, high-reliability care.
**Objectives and associated deliverables:**

As noted above, it is now important to build on existing Brillians data on application usage, time- and cost-avoidance and on clinician-satisfaction with the program. These new efforts will examine Brillians’ impacts on PATIENT-ACCESS-TO-VA CARE, on IMPROVED HEALTH-STABILITY AND OUTCOMES, and on CLINICIAN-RETENTION by the enterprise. Support in developing effective study methodologies to assess these questions and evaluate the results will be important. When combined with existing and growing use, time- and cost-avoidance, and preference data, this additional evidence may present a strong case for this unique and very-economical cognitive decision-support system as a valuable adjunct the enterprise EMR.

**Type of analysis and/or data requested:**

Some data have already accumulated, are noted above, and will continue to accumulate. Continued analysis of these data, using, for example, SAS, will be helpful. We further seek to leverage QUERI’s exceptional abilities in formulating questions to devise the patient-outcomes and clinician-retention investigation formats. It is anticipated that these strategies, once-devised, will be executed with similar efficient and alacrity to the existing data-collection processes.

**Requested Researcher Qualifications:**

**Special skills needed (e.g. SAS or SQL, survey design, etc.):**

As noted above, SAS or similar statistical skill will be key to success. As importantly, survey-design expertise will be fundamental to completing the second leg of Brillians evaluation.

**Preferred duration, effort, and in-person time (e.g., 100% effort for 3 months in DC, 25% effort over a year with one week per month in DC, or comparable arrangement):**

25% effort over a year will likely be preferred (and effective), with about 4 weeks of fractional front-end effort loading to devise the data-study and survey strategies. In discussion with QUERI leaders, significant potential for this study of the Brillians functionality to engage the Quality-Enhancement Research Initiative portfolio as a co-funded enterprise effort was identified. It is hoped that the current portal application will help further that process.

**Additional support or benefits available to the researcher in residence:**

VHA technology supports access to relevant data collections, enabling analysis to be conducted at any time from virtually any location. Very convenient for the analyst. MYP review in progress.
**Description:**

**Summary of expected program/policy to benefit from additional analytical support:**

Veterans Integration to Academic Leadership (VITAL) is a program under the Office of Mental Health and Suicide Prevention (OMHSP) that provides clinical and supportive services to student Veterans on college campuses. VITAL services include outreach, care coordination, clinical mental health care and education and training to the campus community. In 2017, there were 904,368 Veterans using VA education or vocational rehabilitation benefits to attend institutions of higher education. Approximately 75% of those Veterans are under the age of 35. VA Suicide Data indicates that Veterans under the age of 35 are at the highest risk for suicide. Additionally, 70% of Veterans who die by suicide are not coming to VA for care. With an emphasis on conducting outreach to Veterans in this high-risk group, VITAL is in a unique position to intervene in suicide prevention efforts among this younger population. Further, VITAL provides care to these Veterans in the communities where they spend their time, making it convenient to get VA care. As the VITAL program continues to grow, it is critical to determine the effectiveness of the program at meeting the needs of student Veterans on college campuses and VITAL’s impact on student Veterans’ Success.

With the overall goal of supporting Veterans in reaching their academic goals, VITAL wants to evaluate its effectiveness looking at variables that may include: connectedness to VA, school, faculty or other students; persistence; academic achievement; outreach or suicide prevention. Determining where and how the program is effective in serving student Veterans will help guide VITAL toward making important adjustments in service provision or may make the case for continued expansion.

**Associated VA National Priority:**

Suicide Prevention is VHA’s number one clinical priority. As previously stated, nearly 75% of Veterans attending institutions of higher education are under the age of 35, the group also at highest risk for suicide. Seventy-percent of those Veterans who die by suicide are not enrolled in VA healthcare. VITAL is unique in that it brings mental health care directly to Veterans in this vulnerable age group, rather than waiting for them to come to VA. The program provides assertive outreach to student Veterans in places where they spend most of their time by engaging them in student Veterans clubs, Veterans lounges, and student Veteran orientation. The program helps student Veterans reach the goals that they care about (e.g. staying in school) and offers mental health support after addressing the issues that matter most to the Veteran. VITAL clinicians develop relationships based on trust, then are able to engage the Veteran in mental health care as a by-product of this trusting relationship. This approach is proactive in engaging Veterans and getting them into care.

Customer Service is a top priority of Secretary Wilkie, and the VITAL program aims to look at both Veteran and campus satisfaction with VITAL services in our outcome measures. A possible measure of the program’s effectiveness might be connectedness to VA, increased comfort amongst campus faculty and staff in meeting the needs of student Veterans, or increased Veteran satisfaction with the campus’ ability to meet Veterans’ needs.

**Objectives and associated deliverables:**

A first task of the Evaluator is to become familiar with the body of research related to student Veterans’ academic persistence and mental health needs. The Evaluator may use the VITAL...
National database, VHA medical records, VA facility-specific data or external databases in determining a plan for evaluation. Data related to the 946,829 GI Bill beneficiaries and 86,005 Veterans who are furthering their education with VBA’s Vocational Rehabilitation and Employment benefits may also be available. The Evaluator should be able to analyze the data currently available and identify at least one outcome measurement. The evaluator should develop a plan within the first six months of the assignment and have initial data collected within the second 6 months of the award period. Additionally, the evaluator should expect to have one research or program evaluation project ready for submission to HSR&D Merit Review.

**Type of analysis and/or data requested:**

Data is currently available through the VITAL National database which tracks student Veteran demographics, usage of VITAL and VA services, education of VHA and VBA services, academic goals, probationary status and VITAL staff involvement on campus. Access to JLV, Capri or the CDW can be obtained, and support will be given for accessing outside data sources (e.g. VBA Education data, SVA and VBA’s Millions Records Project and National Veteran Education Success Tracker [NVEST], Campus Healthy Minds study).

**Requested Researcher Qualifications:**

**Special skills needed (e.g. SAS or SQL, survey design, etc.):**

SQL, SAS and survey design knowledge may be helpful.

**Preferred duration, effort, and in-person time (e.g., 100% effort for 3 months in DC, 25% effort over a year with one week per month in DC, or comparable arrangement):**

This project will require 25% effort over one year and can be completed virtually. Travel is not required.

**Additional support or benefits available to the researcher in residence:**

VITAL is an exciting program with energetic, passionate and dedicated staff located across the country. The researcher will be able to meet with staff across the program and work with partners in VBA, educational data centers and college campuses nationwide. There is a strong possibility that research assistants will be available to assist with this project.