VA National Researchers in Residence Program Opportunities

Under a new program, the Health Services Research and Development Service (HSR&D) in the Office of Research and Development (ORD) will fund VA researchers 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 “researchers in residence” part time over one year. Program or operations offices will benefit from advanced analytic expertise and access to a network of research knowledge. HSR&D researchers 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 for personnel salary, travel, and lodging during the program would come from the Office of Research and Development. 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 office or VISN office.

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

1. **VHA Integrated Care Coordination Initiative, Office of Nursing Services (ONS):** Analyzing nursing and social work case management activity, workload, care coordination, and access to case management services
2. **Clinical Integration, VHA Office of Community Care (OCC):** Evaluation of Community Care utilization
3. **Tobacco & Health (T&H): Policy and Programs, Office of Mental Health and Suicide Prevention (OMHSP):** Evaluation of pilot implementation of provider referral to the quitline with proactive contact by quitline counselor
4. **Veterans Crisis Line, Office of Mental Health and Suicide Prevention (OMHSP):** Analysis of Veterans Crisis Line and associated outcomes
5. **VISN 7 Pain Management:** Evaluation of the impact of the Empower Veterans Program (EVP) and Atlanta VMAC Substance Abuse Treatment Program (SATP) in the treatment and prevention of opioid use disorder

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 researcher in residence.

To help us monitor the success of the program and identify ways to improve it, both the hosting offices and the researchers 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 in Residence Eligibility**

The HSR&D Researcher in Residence 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 HSR&D Researcher in Residence Program, the researcher should hold a MD, PhD, or equivalent advanced degree in a field relevant to the research proposed. In addition, the researcher must have at least a 5/8ths time VA appointment **OR** if less than 5/8ths, the researcher 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 researcher’s site to be responsible for funds sent for the Researcher in Residence.

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.

**Applications 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&D 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 researcher selections are made, the researcher 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 the HSR&D Researchers in Residence Program Postings**

March 1, 2018: Researchers in Residence opportunities posted

March 28, 2018: Applications due to HSR&D Researchers in Residence mailbox (vhacoohsrdrir@va.gov)

April 9 – April 20, 2018: Program Offices review applications and make selections

Week of April 23rd: Researchers in Residence Notifications sent from HSR&D

Late April to Early May: Program Office and Researcher develop work plan and budget and submit to HSR&D Researchers in Residence mailbox (vhacoohsrdrir@va.gov)

Timing of distribution of funds will depend on work plan and budget developed by Program Office and Researcher.
## Proposal: Analyzing Nursing and Social Work Case Management Activity, Workload, Care Coordination, and Access to Case Management Services

**Program Office:** VHA Integrated Care Coordination Initiative/Office of Nursing Services (ONS)

**Program Lead:** Donna Vogel MSN, CCM/ONS Care Coordination Lead

### Description

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<thead>
<tr>
<th>Summary of expected program/policy to benefit from additional analytical support:</th>
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<tr>
<td>Determine methods to capture workload for case management activity throughout VA working with Care Management &amp; Social Work and Office of Community Care. Unique Veterans receiving case management will be identified. The discipline providing the case management services (i.e., nursing or social work), the service or program providing the case management, and the number of unique case managers providing case management will also be identified.</td>
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Additional analytics and outcome data may include: percent of enrollees at VAMC receiving case management services; utilization of health care services (i.e., Emergency Visits and hospitalizations pre/post case management; patient access to care; Care Assessment Need (CAN) scores for patients receiving case management; patient satisfaction/care coordination and SHEP scores; Identifying changes over time (yearly) in the number of unique Veterans receiving CM services.

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<th>Objectives and associated deliverables:</th>
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<td>Objective: To capture case management activity including levels of care coordination and workload by key discipline - nursing and social work, report on access to case management services and timeliness of needed care, track utilization of resources including ER visits, unplanned/unscheduled care, and hospitalizations pre/post case management, and report workload by key discipline - nursing and social work; capture implementation measure of integrated care coordination and integrated case management at VAMCs.</td>
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Deliverable: Updated data summary reports that are available to the field, ideally in VSSC.

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<td>Descriptive statistics, SQL queries and reports, data is available in the CDW; CAN scores are calculated and available in the CDW.</td>
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<th>Requested Researcher Qualifications:</th>
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<td>Informatics skills with SAS, SQL and CDW expertise with specific expertise on coordination of care data, telemental health CDW data, CAN score data, case management data, telemental health data.</td>
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<th>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):</th>
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<td>25% for one year</td>
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<td>Integrated Care Coordination &amp; Integrated Case Management Leads from the Office of Nursing Service, Care Management &amp; Social Work, Mental Health, Primary and Specialty Care, Office of Community Care, and Geriatrics &amp; Extended Care will be available to provide access to care coordination and case management subject matter experts to provide feedback and review of data and reports.</td>
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**Proposal:** Evaluation of Community Care Utilization  
**Program Office:** Clinical Integration, VHA Office of Community Care  
**Program Lead:** Clinton L. Greenstone, M.D., Deputy Executive Director, Clinical Integration, Delivery Operations, Office of Community Care

### Description

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

VHA Office of Community Care (OCC) is engaged in numerous processes and projects including providing guidance and processes to people and developing technology and reporting capabilities for local offices of community care scheduling and coordinating care for Veterans receiving services in the community.

### Objectives and associated deliverables:

Objectives:

1. Better understand the utilization of services being provided in the community. This understanding will help drive “make versus buy” decisions, inform better decisions regarding preferred providers and their clinical outcomes, and help drive policy issues to improve timeliness and quality of care.
2. Better understanding the outcomes of high and low risk Veterans receiving care in the community and what type of care coordination was recommended and implemented will also help drive improvement and safety in the community care process.
3. Assess whether policy/guidance provided by our office improves referral timeliness.

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

Metrics and data sources for the Utilization Management (UM) project have been provided and are available on the VA Community Care Dashboard Metrics table.

There is additional data on consult/referral management in the CDW and reports are currently being developed for release to the field in February. These data will also include care coordination activity and potential outcomes.

### Requested Researcher Qualifications:

Special skills needed: SAS or SQL, survey design and interpretation

**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):**

Preferred duration, effort, and in-person time ~ 25% effort over a year with one week per month in DC, or comparable arrangement

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

OCC will provide access to senior executive leadership members, project teams, community care data sources and workspace in D.C.
**PROPOSAL:** EVALUATION OF PILOT IMPLEMENTATION OF PROVIDER REFERRAL TO THE QUITLINE WITH PROACTIVE CONTACT BY QUITLINE COUNSELOR  

**PROGRAM OFFICE:** TOBACCO & HEALTH: POLICY AND PROGRAMS, VHA OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION (10NC5)  

**PROGRAM LEAD:** KIM HAMLETT-BERRY, DIRECTOR OF TOBACCO & HEALTH

**Description**

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<th>Summary of expected program/policy to benefit from additional analytical support:</th>
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<td>Tobacco &amp; Health (T&amp;H) oversees the operations of 1-855-QUIT-VET, a national tobacco quitline for Veterans in VA. 1-855-QUIT-VET allows all Veterans in VA to have convenient and easy access to tobacco cessation counseling over the phone without an appointment, without travel, and without waiting to see their health care provider. VA providers currently follow the AAR model: Ask-Advise-Refer. The Veteran is required to initiate contact with the quitline and as a result, only a small proportion of Veteran tobacco users call the quitline at all for tobacco treatment. Proactive outreach by quitlines to consenting patients through fax referral or the newer the Ask-Advise-Connect (AAC) model, which uses the electronic health record to send the consenting patient’s name and phone number directly to the quitline for proactive contact, has been demonstrated in randomized trials to result in a significant increase in quitline enrollment (Bentz et al., Am J Prev Med, 2006; Vidrine et al., JAMA Int Med, 2013; Vidrine et al., Am J Prev Med, 2013; Warner et al., Prev Chronic Dis, 2012). Vidrine and colleagues found a 13-fold increase in quitline enrollment from a private health care system (Vidrine et al., JAMA Int Med, 2013) and a 30-fold increase in quitline enrollment from a safety-net system (Vidrine et al., Am J Prev Med, 2013) with AAC compared to AAR. In addition, quitline proactive outreach to Veterans who smoke has been demonstrated to result in increased likelihood of abstinence at 6 months compared to those Veterans who were required to initiate contact with the quitline (Sherman et al., Tob Control, 2018). T&amp;H has plans this year to pilot implementation of a provider referral to the quitline with contact proactively initiated by the quitline counselor. Researcher assistance with evaluation of implementation facilitators and barriers, as well as impacts on numbers of Veterans reached and the effect on Veteran quit rates would help to inform T&amp;H on potential future expansion of a referral program across VHA. Additionally, long-term outcomes of quitline callers will be evaluated. T&amp;H would like researcher assistance with 6-month evaluation of quitline caller abstinence from tobacco. This data will be used to inform the program office of the effectiveness of the clinical service and to provide a baseline to evaluate future pilots and initiatives against. Overall, this support would assist Tobacco &amp; Health with offering increased access to an evidence-based tobacco treatment modality. Tobacco use remains the leading cause of death and disease in the United States, and smoking itself is an independent risk factor for suicide. Providing effective and accessible tobacco cessation treatment and resources is important for VA to improve the overall health and wellbeing of Veterans and prevent suicide.</td>
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**Objectives and associated deliverables:**

1. To evaluate pilot for provider referral to quitline.  
   i. Evaluate implementation process: recommendations for evaluation framework, development of relevant surveys, collection and analysis of data.  
   ii. Analyze administrative quitline data collected from this pilot to determine the proportion of patients referred who were contacted by the quitline counselor, the proportion who received counseling services, the proportion who set quit dates and who receive follow-up callbacks, and demographics and tobacco use history of referred patients. Compare where applicable to Veterans that initiate their interaction with the quitline.  
2. To evaluate long-term outcomes of quitline callers.  
   i. Assist with development of a protocol for quitline counselors to re-engage with past
Veteran users.

ii. Analyze the long-term data collected using statistical software.

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

T&H has a large administrative data set dating back to the quitline launch in 2013 on all aspects of the quitline service that will be used for analysis, including: utilization, caller demographics, caller tobacco use history, topics discussed, follow-up callbacks, and self-reported tobacco use status at follow-up calls.

**Requested Researcher Qualifications:**

Knowledge of tobacco cessation treatment and research, quitline services or other mobile health interventions, as well as solid experience with statistical analyses of large data bases and statistical modeling strongly preferred.

Skills preferred in some combination of: implementation research, survey design, statistical analysis, statistical modeling, SAS or SQL, GIS software.

**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, travel to DC several times and at least once to quitline call center in Seattle, WA – exact timing and schedule to be determined in collaboration with the researcher.

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

Researcher will have office and computer space when in DC. Researcher will have complete access to full T&H quitline administrative data set. The VHA quitline is an ongoing clinical service and continued collaboration with the researcher may be possible after the end of the researcher’s residency.
**Proposal: Analysis of Veterans Crisis Line and Associated Outcomes**

**Program Office:** Veterans Crisis Line (10NC5, Office of Mental Health and Suicide Prevention)

**Program Lead:** Dr. Kimberley Mullen, Quality Assurance Officer

### Description

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

The Secretary of VA has identified suicide prevention as the top clinical priority of his Administration. The Veterans Crisis Line (VCL) is an integral component of VA’s suicide prevention strategy and as such it is critical for VCL to demonstrate the effectiveness of its services. However, the effectiveness of crisis centers as yet has little definition in the literature and the relationships between variables of crisis center callers, the contents of the call, treatment engagement, and subsequent suicidal behavior is complex. For example, a reduction in suicide rates in areas with a crisis center versus those without has not been observed.

A first task of the Researcher in Residence would be to become familiar with the small body of literature related to crisis centers and work to replicate those analyses using VCL and VA medical record data. The unique attributes of the VA system could further be leveraged to extend or develop new analyses based upon initial findings. VCL maintains historical data that can be used to examine outcomes of interest over time. For example, connection to services is one measure of effectiveness of crisis centers; it would be possible to study whether callers in 2015 connected to VA services, what kinds of services, and presence of suicide behaviors in the two years since the initial call.

Any research findings that identify points of intervention or training needs for VCL staff would be of great interest as well.

### Objectives and associated deliverables:

At least one research or program evaluation project ready for submission to HSR&D Merit Review.

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

VCL documents all calls in a web applications system; this large database of standardized and free-text fields contains a wealth of information that can be used to meet the specified aims. Data related to call center metrics (average handle time, after call work, speed of answer, etc.) and VCL Text and Chat programs is also available. Access to CAPRI, JLV, and CRISTAL (VCL’s program-specific user interface for accessing STORM and REACH Vet information) is provided to all VCL staff and would be available to the researcher. Collaboration with other VA programs (Rocky Mountain MIRECC, SMITRECC, CoE) would also be possible and encouraged to ensure the project chosen is novel yet related to current VA efforts.

### Requested Researcher Qualifications:

SQL knowledge may be helpful for analyses of large samples, but VCL also has an Analytics Team that could assist in running SQL queries if/as needed.

### 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 with one week per month at one of the VCL locations (Canandaigua, NY; Atlanta, GA; Topeka, KS) preferable. Space and equipment is available.
**Additional support or benefits available to the researcher in residence:**

VCL is an exciting place to work, with energetic and mission-committed staff from a variety of educational and experiential backgrounds. The researcher will be able to meet with staff across VCL and/or work with leaders of other valuable partners across VA, in other government agencies (SAMHSA), and in the crisis center community (National Suicide Prevention Lifeline).

Those who share our passion for eliminating Veteran suicide will find work at VCL rewarding and challenging. Narrowing the scope of the work that can be accomplished during the allotted time may be the biggest challenge the researcher will face!
PROPOSAL: EVALUATION OF IMPACT OF EMPOWER VETERANS PROGRAM (EVP) AND AVAMC SATP IN THE TREATMENT AND PREVENTION OF OPIOID USE DISORDER

PROGRAM OFFICE: VISN 7 PAIN MANAGEMENT
PROGRAM LEAD: DR. MICHAEL SAENGER AND DR. SHEILA RAUCH

Description

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

The opioid epidemic is severely impacting VA. Veterans suffering with chronic pain are at high risk for misuse of prescription medications. In VISN7, cutting edge substance abuse programming is the hallmark of our facilities, including the Atlanta VAMC Substance Abuse Treatment Program (SATP) and associated programs. Once opioid use disorder begins, Veterans may require evidence-based pharmacological interventions, such as buprenorphine/naloxone, methadone, or intramuscular naltrexone, to stabilize the client and then allow life skills development including non-pharmacological behavioral therapies.

At the AVAMC, SATP provides many options for evidence based pharmacological and nonpharmacological treatment of opioid use disorder for those patients who are misusing prescription opioids. The associated Empower Veterans Program (EVP) is an effective, recovery based, functional rehabilitation program for Veterans with high impact chronic pain; EVP for Pain, is non-pharmacological, behavioral skills coaching program. While these programs are based on the best clinical guidelines and evidence available, their impact on our Veteran population has not been fully examined. Through the examination of SAIL and CDW data as well as available quality improvement data for these programs, we aim to learn:

a) Which Veterans access these services and what services are utilized? Are there Veterans who may benefit but who are not accessing these interventions?

b) Do rates of opioid prescription change in those Veterans who receive SATP or EVP services? Which services for which subsets of Veterans result in cost-avoidance when trending total VHA utilization?

c) How do reported health quality indicators gathered in routine care (including mental health screening (PHQ-9), pain, BMI, opioid prescriptions, utilization, etc) and function change over these intervention programs? Which Veterans benefit most? Does response differ between the programs and types of interventions (suboxone, vivitrol, and methadone)? How does it compare to care outside of SATP and EVP?

Objectives and associated deliverables:

1. Examine Veteran characteristics related to engagement in SATP and EVP, including contact through the facility/referral, demographics, patterns of prescription, pain and other relevant clinical care metrics. Requires pulling multiple sources of clinical data (SAIL, CDW, and QI data) combining and analyzing to answer the primary questions:

   a. Which Veterans access these services and what services are utilized? Are there Veterans who may benefit but who are not accessing these interventions?

   b. Do rates of opioid prescription change in those Veterans who receive SATP or EVP services? Which services for which subsets of Veterans result in cost-avoidance when trending total VHA utilization?

   c. How do reported health quality indicators gathered in routine care (including mental health screening (PHQ-9), pain, BMI, opioid prescriptions, utilization, etc) and function change over these intervention programs? Which Veterans benefit most? Does response differ between the programs and types of interventions (suboxone, vivitrol, and methadone)? How does it compare to care outside of SATP and EVP?

2. Based on these analyses, we will outline those interventions that are proving most beneficial in reducing reported pain and other health quality indicators, reducing opioid prescription fills and
refills, and increasing rates of remission among those on long-term pharmacological intervention for Opioid Use Disorder.

3. Develop VISN level educational resources to support implementation of those interventions and programs that show effectiveness.

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

All data is currently available through SAIL, CDW, and the quality improvement data sets currently collected as part of standard care.

Data will be pulled from sources and merged. We will first examine distributions of Veterans and then compare outcomes across time as outlined in the objectives.

**Requested Researcher Qualifications:**

SQL and SAS  
Strong skills in clinical data pulls and cleaning from the CDW and other sources as well as skill in combining data from multiple sources.

**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 one year with partial time at AVAMC to learn about the programs, at the VISN office to connect with Program Staff, and the majority of time can be in DC or other location while accessing CDW and conducting analyses.

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

Beautiful VISN 7 weather and a very enthusiastic team looking to inform practice improvement through what we learn.  
Atlanta is a destination city.