Moderator: Welcome to the VA HSR&D Investigator Insights podcast series. In this episode Rob Auffrey of the Center for Information, Dissemination, and Education Resources, an HSR&D Resource Center, talks with Dr. Joel Boggan of the VA Durham Healthcare System about the VA Evidence Synthesis Program publication on how implementation and quality improvement strategies are used in VA.

Rob Auffrey: Dr. Boggan, thank you for taking time out of the 2022 AcademyHealth Annual Research Meeting to meet with me today. Why don't we start with introductions, tell us who you are, and what you're working on.

Joel Boggan: Yes, I'm Joel Boggan. I'm primarily a clinician at the Durham VA Healthcare System where I work in hospital medicine. And I do some work with our internal medicine residency program. And also, I serve as the lead mentor for our Chief Residency in Quality and Safety position.

I work with our HSR&D group in Durham, most often with the Evidence Synthesis Program. And my research, and operation interests, and expertise focuses on quality improvement methodologies, and applications primarily in the inpatient setting, and medical education initiatives.

Rob Auffrey: Thank you. What originally brought you to the VA?

Joel Boggan: I've been working at the VA on and off since I was a second year medical student when I did my internal medicine rotation at our VA affiliate in Durham, and have worked on and off at the Durham VA since that time first, again, as a medical student, then as a resident. And then, as I ended my residency I took a year position as the Chief Resident for Quality and Safety based at the Durham VA.

And that, the CRQS program is a national program that has, I think, over or approximately 100 sites across the country with a person in that role working on quality, and safety initiatives at the local level. And then after that, I stayed on as a faculty clinician at the Durham VA, and slowly have gotten more involved with both local operations work, and research work over the time.

Rob Auffrey: What is it about working for the VA that you find rewarding?

Joel Boggan: Several things, I think first and foremost, and this is true going all the way back to when I was a medical student, I think it's incredibly fulfilling to work with the Veteran patient population. I think they are incredibly generous, incredibly grateful, incredibly patient when I was a medical student early on, having to practice drawing blood or something, sometimes successfully, sometimes unsuccessfully.

And certainly that patience and generosity is, I've seen that, I guess, as I've gone through my career thus far. I think from a professional standpoint, some of the things that are really meaningful are the ability to really develop those connections with Veterans, and their families in the clinical setting, but then think about how, because the way the VA system is structured that you can work on initiatives that can affect Veterans that you will never see or touch or encounter face to face.

Being able to work with a lot of the collaborators, both locally and across the country that are doing really interesting work, and really meaningful work to affect patient care, I think, is a really powerful reason to be involved with the VA, and to stay working at the VA.

Rob Auffrey: That sounds like a good segway to what you're up to here at the AcademyHealth Annual Research Meeting.

Joel Boggan: Yeah. The project I am presenting tomorrow was part of the Evidence Synthesis Program, which receives topic nominations from different offices within the VA where we're asked to really dive into the evidence around a question. The question in this particular instance was related to a 2019 directive through the VA where Lean, which is a quality improvement methodology, was chosen as the primary improvement methodology across all VA sites.

The Office of Systems, Redesign, and Improvement reached out to us to figure out if there was evidence indicating that any particular quality improvement methodology would be superior to others? We spent the better part of late 2020 and 2021 looking at the evidence around several different methodologies, Lean being the most prominent, but others like Six Sigma, Lean Six Sigma, Total Quality Management, also being reviewed by our group.

And what we found was that there really isn't much evidence that any methodology is superior to any other. And in fact, there is very little evidence that they've even been studied head to head or comparatively. Unfortunately, with the limitations of the literature right now, there is no way to say that any methodology is superior to others.

But at the same time, there is a lot of evidence that what your local context is, either in a hospital or a clinic or a ward really matters. Who are the people you have trained in particular methodologies? Who are there? Who can you partner with who has some expertise to help design an initiative to put it through and see it through to completion?

Rob Auffrey: You're with the Durham ESP, Evidence Synthesis Program. But what you're describing sounds a bit like implementation science. Can you explain the relationship?

Joel Boggan: My relationship with the Durham ESP, every year as those, kind of, topic nominations come up each site then helps select which one they're working on at any given time. This is a topic I work on from my, back when I did my chief residency and my operations work, and so quality improvement, which was the topic here, is a side personal, and professional interest of mine.

That topic went to the LA group. And I was able to reach out directly to them and say, "Hey, I'm, this is something I work on. I've worked with our ESP group in Durham. Would you let me tag along?" And they were really generous in letting me join them for this project. The way I think it intersects with implementation science at this point, and I think we'll see some examples of this tomorrow morning, are if you're thinking about all the great implementation science work that the VA is doing, then the question after that is, "How do you put that into practice more widely?"

I think what would happen is you would turn to people across the VISN or at the national level or even down to the local sites and say, "How can you adapt this type of project into your local context?" That's where these other methodologies that we studied in this project really, really come to the fore. Because that's your team of people who have the expertise to think about how do you change the process, whatever that may be in a clinic, in a ward, in a hospital setting? It's a little bit of that translation from the implement science research down to the local level.

Rob Auffrey: Research to implementation – research to clinical.

Joel Boggan: Yes.

Rob Auffrey: Earlier you mentioned being grateful to the Veterans who make it possible for you to do what you do. Would you like to take a few moments and expand on that?

Joel Boggan: Sure. Like I said, I first started working in the VA as a medical student back in 2005, and really have been there on and off since that time, and a lot since 2009 when I started my residency. Again, I think that the Veteran population has really given me, personally, and our ongoing trainees, both at the residency and student level, an opportunity to give back to them for their service. And I think that the one thing that hopefully motivates a lot of people who come through the VA, even if they don't choose to make their clinical career within the VA, is that the mission of the organization really does provide a lot of motivation for all the members of our teams, I think.

Selfishly, I think that gives me a lot of great personal and professional joy. As I was thinking about how my career has developed since that time, I think I've had a lot of chances to gain skills, I think, both in quality improvement, and patient safety topics, and learned a lot about the data, and the research landscape about the VA. But still the thing that I think even in addition to all of those great opportunities that really keeps me grounded, and keeps me really focused on continuing to work at the VA is that chance to continue to interact with the patients on a day in and day out basis.

And to, kind of, go back to the thing, I guess, I said in one of the previous answers as well. One of the really special things I think about the VA is the opportunity to take those individual patient, and clinical encounters, and think about how you can affect other people's patient, and clinical encounters by working through a lot of these other VA networks with collaborators, and with the implementation scientists, with HSR&D faculty, with the quality improvement specialists across the country.

They're people who are also motivated to continue to improve Veteran care. And there are a lot of great ideas and a lot of great networks out there to really work on that collaboratively.

Rob Auffrey: Thank you, Dr. Boggan. I see that you have some notes there.

Joel Boggan: Yes.

Rob Auffrey: And it reminds me that I sent you an e-mail broadly describing the questions that I would be asking. It makes me think, is there anything that I've left out today or is there anything else that is important that hasn't even occurred to me?

Joel Boggan: Let me look. Thank you. Yeah, I think you had mentioned, what are some next projects that I'm working on? There are a few. One that I'm working on now with the ESP program in Durham is looking at automation of nutrition delivery to inpatients across the VA. And this is important. Every year there are hundreds and thousands of Veterans who are hospitalized who either have specific or, kind of, general malnutrition. And sometimes those nutrition issues, even if they're recognized, can get a little bit sidelined by the other reasons the Veteran is in the hospital.

We're looking at ways where the process of either assessing nutrition deficiencies, and then hopefully, responding to those can be standardized or streamlined across health systems to think about how we can use nutrition better to help augment the care they're receiving otherwise for their other comorbid conditions. And I think that will be an exciting project to keep working on.

And then as part of my clinical role in hospital medicine at the Durham VA, there is an academic hospitalist group that has formed over the last few years. I think there is some exciting research ideas and work that is being facilitated again by the unique structure of the VA. How we have sites across the country. We can access a large patient population. We can access a lot of hospitalized patients, or a lot of historical charts to think about ways we can improve care for every Veteran who happens to be in the hospital.

Rob Auffrey: I'm looking forward to learning more about both of those, perhaps in a Cyberseminar or another interview.

Joel Boggan: Sounds great.

Rob Auffrey: Thank you again for your time.

Joel Boggan: Yes, thank you.

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