Synthesizing evidence for VA leadership to improve the health and healthcare of Veterans

What is the ESP?

The VA Evidence Synthesis Program (ESP), established in 2007, helps VA fulfill its vision of functioning as a continuously "learning healthcare system". We provide timely, targeted, and unbiased syntheses of the medical literature for VHA to translate into evidence-based clinical practice, policy, and research.

What are the benefits of having the ESP conduct an evidence review for you?

The ESP helps VHA leaders make the best possible use of current knowledge.

QUALIFIED: ESP Center Directors are VA clinicians and recognized leaders in the field of research synthesis with close ties to the AHRQ Evidence-based Practice Center Program and Cochrane Collaboration.

HIGH IMPACT: ESP tackles high-priority issues such as opioid use, suicide prevention, and community care, and have informed reports to Congress, American College of Physicians guidelines, and VHA formularies.

INNOVATIVE: We go beyond “traditional” systematic review methods and integrate qualitative information from providers and patients and quantitative system data.

TIMELY: Requests are accepted year-round, with more urgent needs prioritized for our rapid products. Our product timeframes range from 1 week to 1 year.

Where can I find more information about the ESP?

ESP on the internet  
www.hsrdrresearch.va.gov/publications/esp/  

ESP on the intranet  
vaww.hsrdrresearch.va.gov/publications/esp/reports.cfm  

ESP on NLM  
www.ncbi.nlm.nih.gov/books/NBK49060/  

For more information, please contact:  
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What evidence products does the ESP offer?

We have a broad range of products to address the various evidence needs of our operational partners. Systematic reviews are the gold standard in research, following the most rigorous methods and allowing for the most complete and defensible conclusions. ESP also offers other products that use more streamlined methods to assist with more time-sensitive needs.

Evidence Inventory
1-4 wks
Bibliography organized by key features (e.g., key question, study design, population, etc).

Evidence Compendium
1-2 mo
Brief summary of key features, data abstraction, and bibliography, organized by key features.

Evidence Assist
1-4 mo
Consultative memorandum with flexible format.

Rapid Evidence Brief
2-4 mo
Detailed report that generally follows, but streamlines, accepted systematic review methods and PRISMA reporting guidelines.

Standard Systematic Review
9-12 mo
Comprehensive synthesis using the most methodologically rigorous process. Reviews several broad, overarching key questions.

Evidence Map
9-12 mo
User-friendly visual figure or graph and interpretive summary of a broad research field that provides quick access to questions and answers that previous research has addressed and identifies gaps that are important for the VHA.

Scoping Review
4-12 mo
Descriptive overview that identifies gaps and overlap in key concepts and highlights specific and/or unique features of interest.

What types of decision-maker needs can the ESP help address?

Identify effective practices for implementation
Systematic review identifying effective intervention components and implementation strategies.

Antimicrobial Stewardship Programs in Inpatient Settings

Policy “fire”
Rapid evidence brief

Evidence Brief: Effects of Small Hospital Closure on Patient Health Outcomes
Evidence Brief: The Quality of Care Provided by Advanced Practice Nurses

Clinical guideline development
Systematic review of existing evidence and reviews in coordination with a Clinical Practice Guidelines Working Group.

Suicide Prevention Interventions and Referral/Follow-Up Services

Identifying policy or program options
Evidence map product which included a visual overview of the distribution of evidence.

How can VA leadership work with the ESP?

When you submit a topic nomination form, we will work with you to determine the appropriate research approach to address your questions of interest. If the topic meets our program’s prioritization criteria and is selected by HSR&D leadership, then an ESP Center will be assigned to conduct the review. High-priority, time-sensitive needs will be undertaken at the Coordinating Center as capacity allows.